

CITY OF BLOOMINGTON ADVISORY BOARD OF HEALTH

Tuesday, September 27, 2016, 6:00 PM

Public Health Building

1900 West Old Shakopee Road

AGENDA

1. Call to Order

6:00 p.m.

2. Roll Call

3. Approval of Minutes

June 28, 2016

4. Approval of Agenda

September 27, 2016

5. Public Comment

6. Staff Reports

- 6.1. Maternal and Child Health (*30 min*)
Molly Snuggerud, Family Health Manager
- 6.2. Accreditation Update (*5 min*)
Bonnie Paulsen, BPH Administrator
- 6.3. Public Health Administrator Update (*10 min*)
Bonnie Paulsen, BPH Administrator
- 6.4. Public Health Division's 2017 Business Plan (*10 min*)
Bonnie Paulsen, BPH Administrator

7. Advisory Board of Health Reports and Planning

- 7.1. Chair's Report (*5 min*)
Cindy McKenzie
- 7.2. Tri-City Partners Report (*5 min*)
Patrick Martin
- 7.3. Community Center Task Force Report (*5 min*)
Joshua Korthouse
- 7.4. Member Roles, Responsibilities, Guidelines and Expectations (*40 min*)
Bonnie Paulsen, BPH Administrator

8. Other Business/Announcements

9. Next Meeting

October 25, 2016

6:00 p.m. to 8:00 p.m.

10. Adjournment



Agenda Item

Originator
Public Health

Item
Approval of Minutes of June 28, 2016

Date
9/27/2016

Attachments:

Minutes of June 28, 2016

UNAPPROVED MINUTES

Advisory Board of Health

Tuesday, June 28, 2016

6:00 PM

Public Health Building
1900 West Old Shakopee Road

Present

Members:

Cindy McKenzie, Satbir Brar, David Drummond, Corinne Ellingham, Joshua Korthouse, Joe Lawless, Patrick Martin

Staff Advisor:

Bonnie Paulsen, Public Health Administrator

Staff:

Joan Bulfer, Health Specialist

Linda Riski-Lundeen, Office Supervisor

Karen Stanley, Disease Prevention/Clinic Services Manager

Nancy Tadros, Office Support Specialist

Guests:

None

Public:

None

Absent

None

Call to Order

McKenzie, Chair, called the meeting to order at 6:03 p.m.

Approval of Minutes

M/Brar, S/Lawless, and all voting aye to approve the meeting minutes of May 24, 2016.

Approval of Agenda

M/Brar, S/Martin, and all voting aye to approve the June 28, 2016 meeting agenda.

STAFF REPORTS

Nutrition, Obesity and Physical Activity

Stanley discussed how the Women, Infants and Children (WIC) Program works to reduce obesity and increase physical activity in its participants. One strategy used by staff involves breastfeeding education and support (through the Peer Breastfeeding Support Program available to WIC participants), which has had favorable outcomes in reducing obesity in both children and mothers. Another strategy involves providing participants not only with healthy food packets and vouchers for the farmers market, but also with individualized nutrition assessments and counseling, encouraging participants to set and achieve their own healthy goals. Parents are given ideas on how to be more physically active (and limit “screen time”) with their children, as well.

Bulfer presented on the Latino Childcare Provider Network, which is made up of family, friends and neighbors who are unlicensed childcare providers in Bloomington, Richfield and surrounding communities. This Network is community-run and uniquely designed to meet the needs (i.e. cultural, economic, education, immigration, language, etc.) of the community,

therefore creating an alternative childcare support system and building the capacity of its providers. The Network also focuses on nutrition, physical activity and school readiness. As part of the Latino Healthy Eating Project, Bloomington Public Health and community partners have collaborated to put on workshops where Network providers can learn more about nutrition and healthy eating, meal planning on a budget, and physical activities for children in their care.

**Accreditation
Update**

Paulsen noted that the report from the Public Health Accreditation Board (PHAB) accreditation site visit on June 2 - 3, 2016, should arrive in about 30 days. PHAB's decision on whether Bloomington Public Health has been accredited will arrive sometime in August.

**Public Health
Administrator
Update**

Paulsen shared that Public Health's 2017 and 2018 Budget have been submitted for approval. In addition, the 2015 Annual Report is being drafted and will hopefully be finished and distributed to the Board by the September meeting. Finally, Paulsen suggested having a discussion later on in the meeting to discuss the Board's 2017 Work Plan topics.

ADVISORY BOARD OF HEALTH REPORTS AND PLANNING

Chair's Report

None.

**Tri-City Partners
Report**

Martin gave an update on topics discussed during a recent TCP meeting, including the Richfield City Council passing its new tobacco ordinances, a local bike tour that took place in mid-June, and the USDA Grant awarded to Public Health to improve healthy eating in families with food assistance.

**Community Center
Task Force Report**

Korthouse shared that the Task Force reviewed studies/assessments and toured several community centers in the metro area to get more information. At their June meeting, they discussed a "wish list" of wants and needs based on that information and what Task Force members have heard from the community, friends, neighbors, etc. After categorizing the items on the list, common themes (i.e. aquatic center/pool, maximizing use of space, maintaining residents' interest, etc.) were determined. In addition, the Task Force has had an opportunity to see Creekside Community Center's space limitations/concerns, as their meetings have been taking place there. The next meeting will take place in early July.

2017 Business Plan

Paulsen gave an update on Public Health's 2017 Business Plan, which focuses on three (Community Image, Inclusion & Equity, and High Quality Service Delivery) of the City's six Strategic Priorities. While currently in draft form, the Business Plan will be finalized and emailed out to the Board for their review later this summer.

Lawless asked what feedback the Board was being asked to provide on the Business Plan, and/or whether the document was more informational/educational. Paulsen confirmed this document was more informational.

Finally, the Board requested Paulsen write out 1.) an explanation of the Board's/Members' roles, 2.) expectations/guidelines for those roles, and 3.) expectations/guidelines while interacting with the community, being a liaison to City Council, etc. so that they could focus on that information.

OTHER BUSINESS/ANNOUNCEMENTS**Other**

In preparation for 2017, the Board discussed possible topics for its 2017 Work Plan, including:

- Racial Harmony
- Racial Equity
- List of 200+ Community Partners*
- Intergovernmental Affairs
- Residents and Parks (i.e. how to get them out there, how much use, concerns of crime, etc.)
- Gentrification in the Community
- Aging of Population
- Mental Health
- Environmental Health
- Active Transportation Plan
- City Manager (i.e. vision for the City, prioritizing of decisions, etc.)
- Citizens' Survey (with specific data)
- Where to Find City Info (if not in Insider, Briefing, email, etc.)

**The Board requested to receive a copy of this list.*

Paulsen also expressed her preference to continue having managers/staff come in and present/discuss program areas so the Members are familiar with services and staff.

Paulsen noted that she would put together a list of topics/ideas and email them out to the Board. Likewise, if Members think of other things they'd like to discuss (or not discuss) in 2017, they can email those to Paulsen or Tadros.

Community Health Conference

Information for the Community Health Conference on September 28 – 30, 2016, in Breezy Point, MN will not be available until mid-July. Lawless and Martin were previously selected to attend on behalf of the Board. Updates published this summer will be provided via email to attending Members.

Next Meeting

September 27, 2016, 6:00 – 8:00 p.m.
Public Health Building, 1900 West Old Shakopee Road, Bloomington, MN 55431

Adjournment

M/Drummond, S/Martin, and all voting aye to adjourn. The meeting was adjourned at 7:36 p.m.

Originator
Public Health

Item
Maternal Child Health

Date
9/27/2016

Attachments:

MCH Presentation
City of Bloomington Population Profile
Bloomington CHB WIC Health Indicators
MAHF 2015 Update

Maternal Child Health Update

September 27, 2016

Molly Snuggerud, Family Health Manager



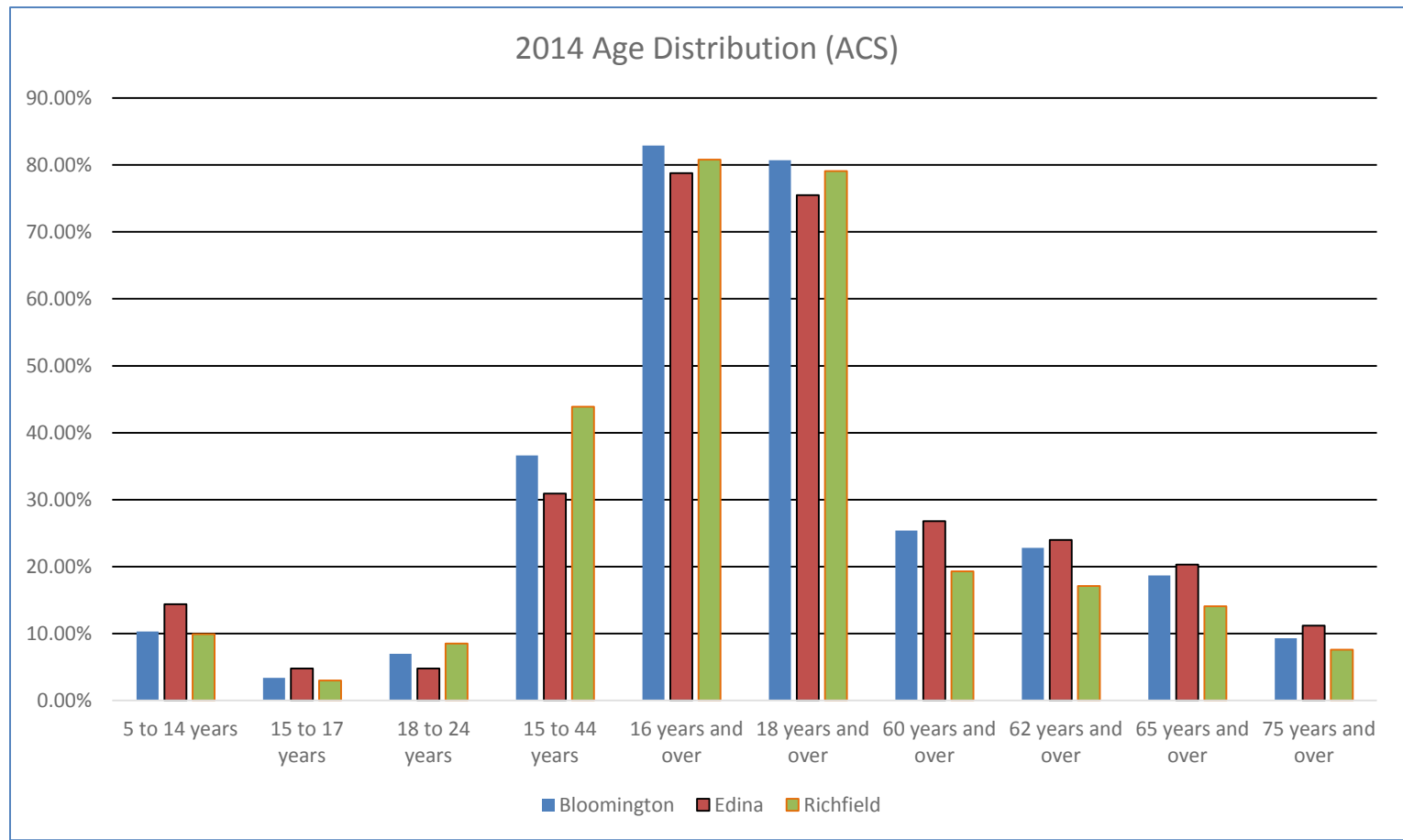
Public Health
Prevent. Promote. Protect.
Bloomington Public Health Division



CITY OF
BLOOMINGTON
MINNESOTA

Demographics

- Essential to know 'who' we're catering to

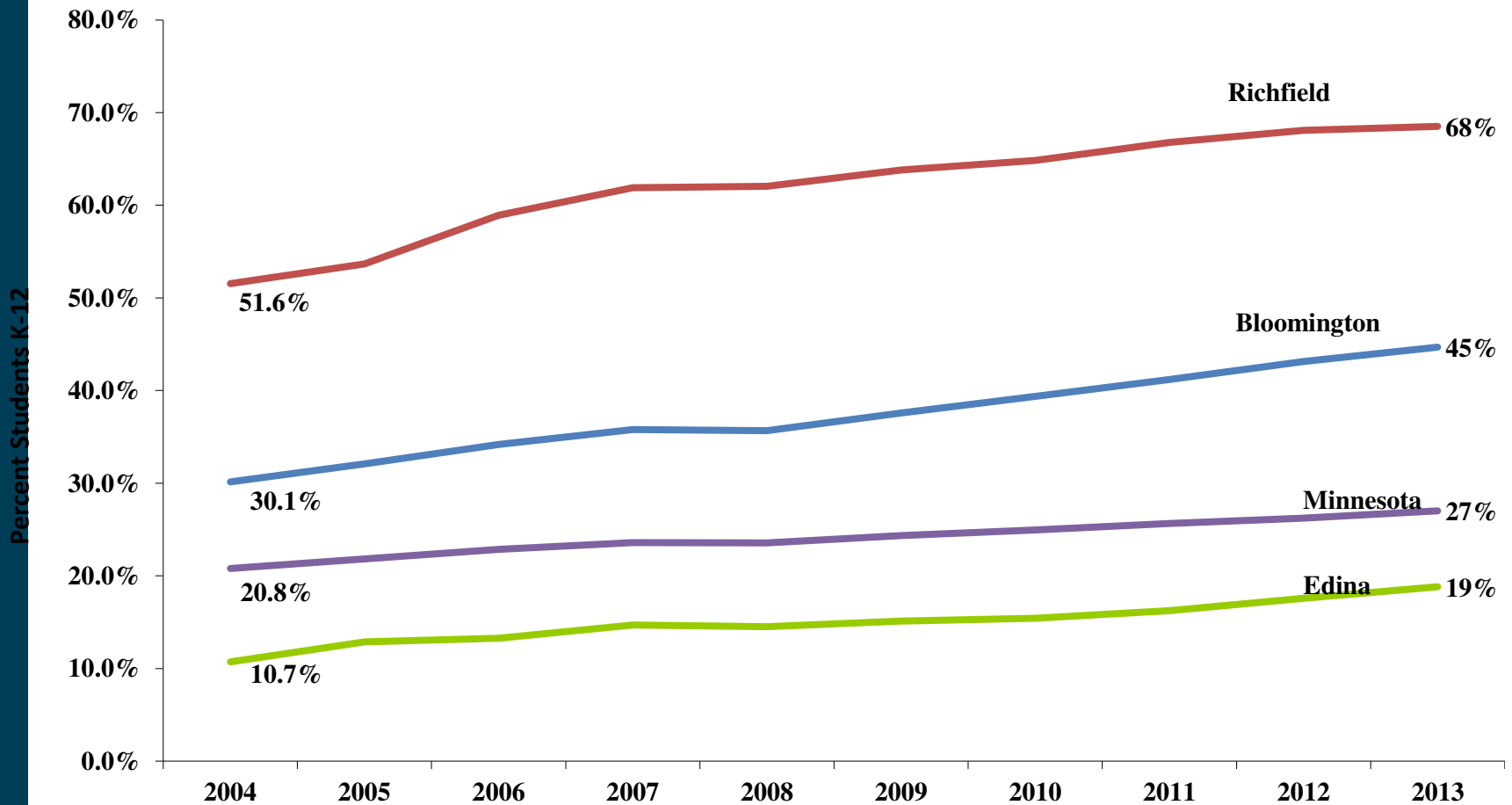


Total Population Bloomington: 85,136 Edina: 48,940 Richfield 35,877

Racial Breakdown (2014 CENSUS)

	BLOOMINGTON	EDINA	RICHFIELD
Population of one race:	82247	47828	34531
All other two race combinations	609	75	63
American Indian and Alaska Native	376	312	261
Asian alone	5473	3257	2298
Black or African American	6536	1058	3710
Black or African American; American Indian and Alaska Native	75	14	146
Native Hawaiian and Other Pacific Islander	67	0	56
Population of four or more races	112	0	0
Population of three races	171	136	93
Population of two or more races:	2889	1112	1346
Population of two races:	2606	976	1253
Some other race	2133	699	2255
Two races excluding some other race, and three or more races	2432	1076	1299
Two races including some other race	457	36	47
White	67662	42502	25951
White; American Indian and Alaska Native	217	149	204
White; Asian	510	573	200
White; Black or African American	1195	165	640
Total:	85136	48940	35877

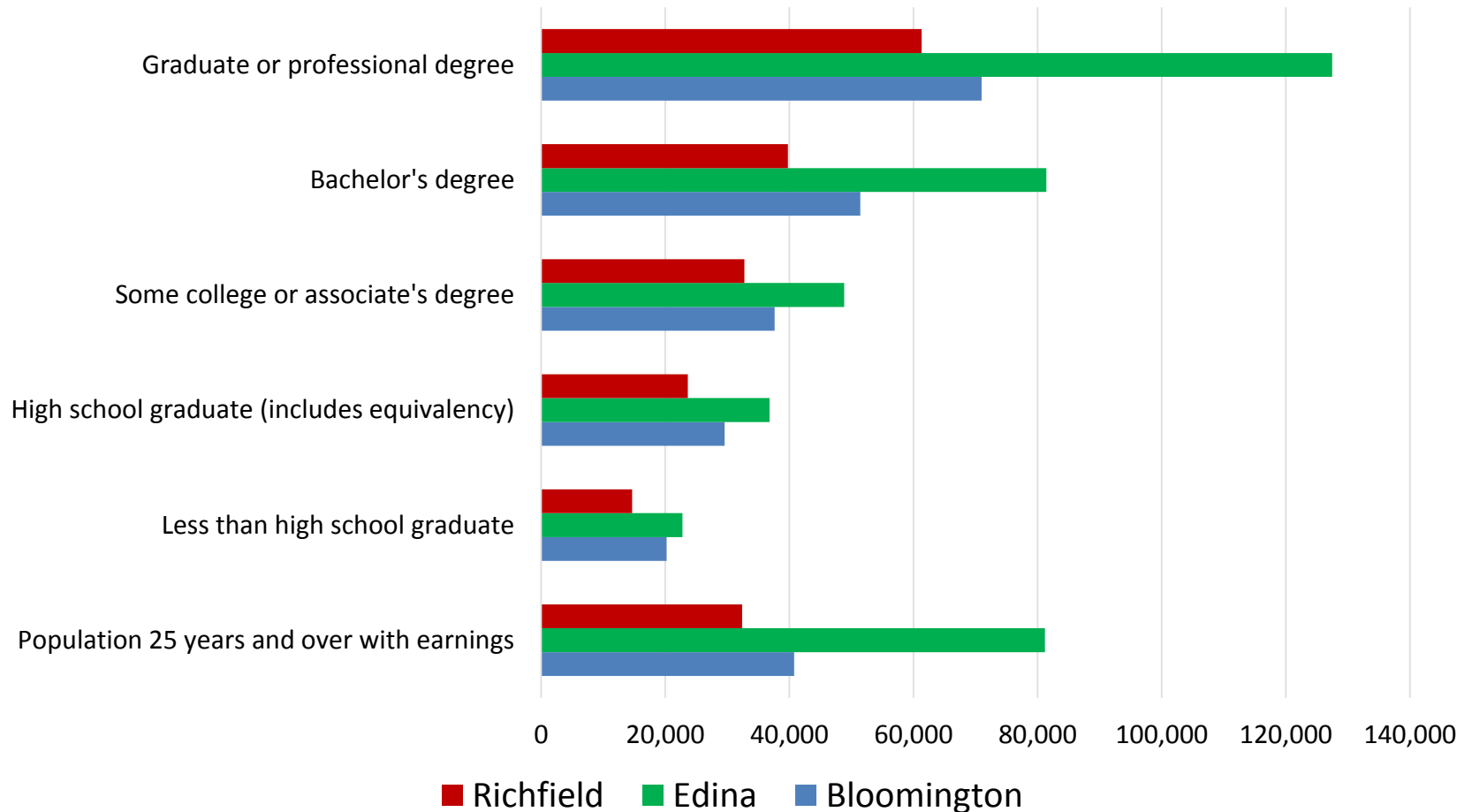
Students in Racial Minority



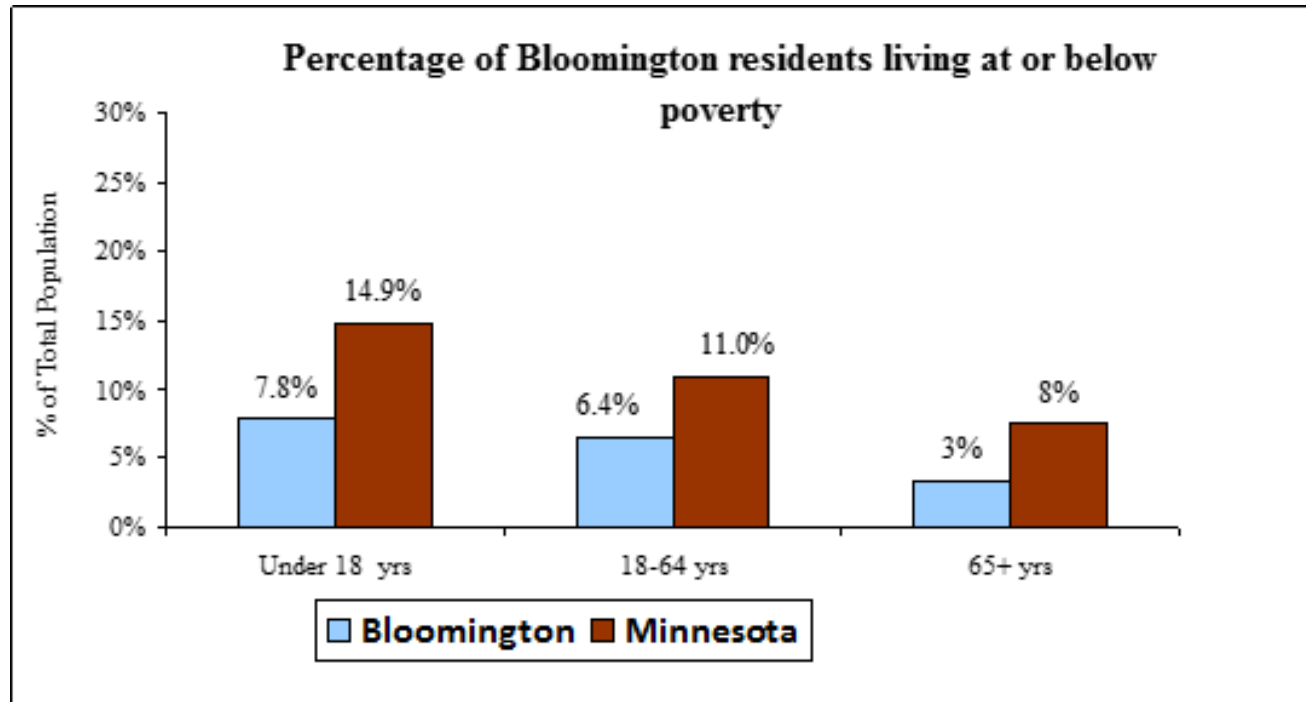
Source: Minnesota Department of Education 2014

INCOME 2014 (ACS)

MEDIAN (Inflation Adjusted) EARNINGS IN THE PAST 12 MONTHS

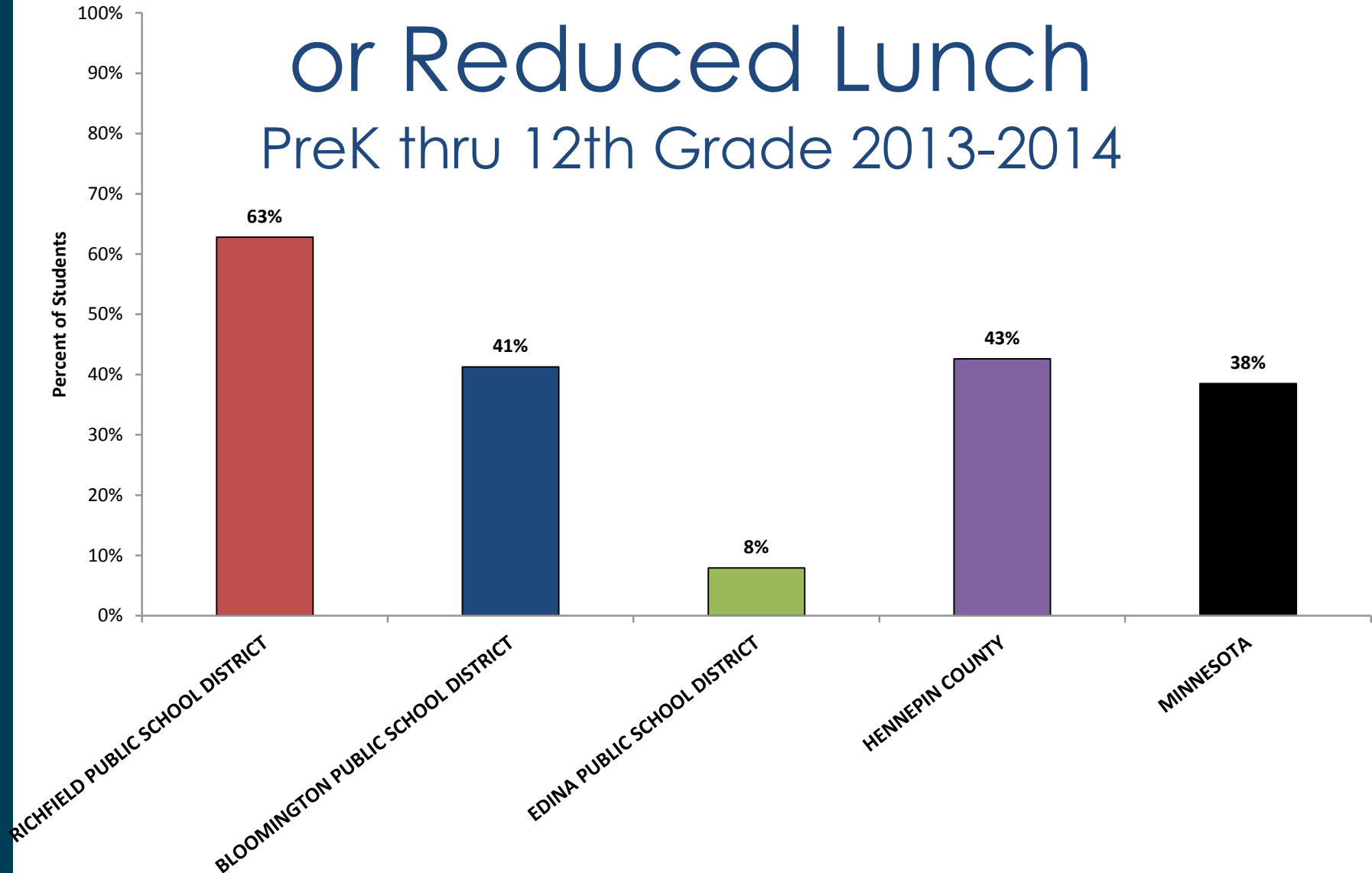


Living At or Below Poverty



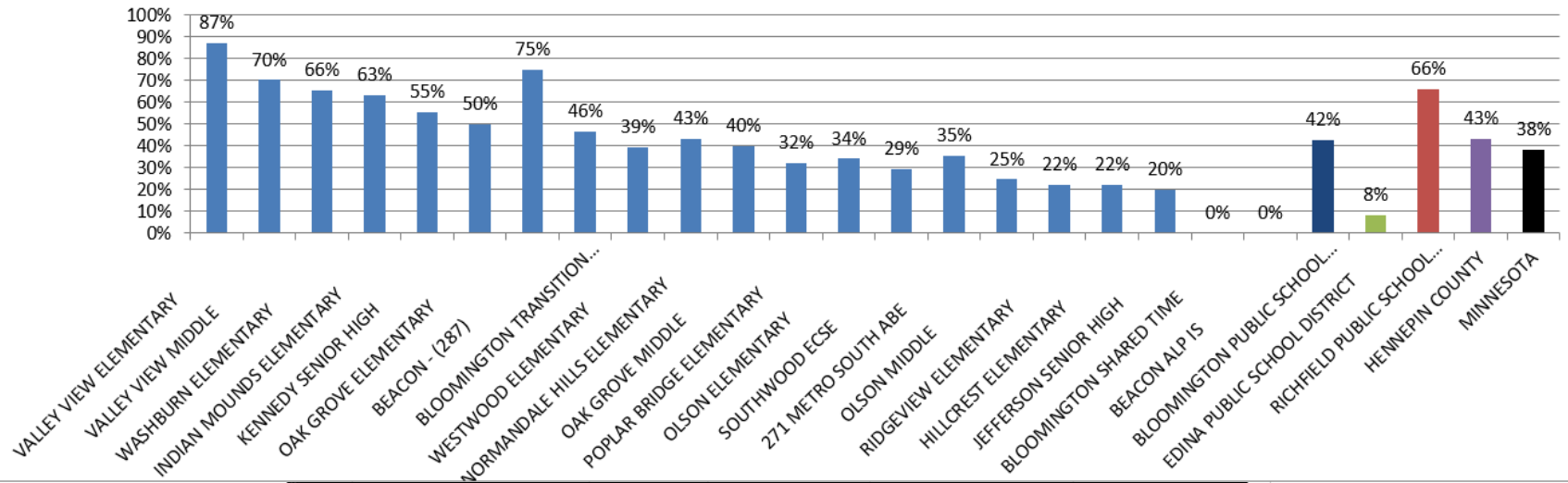
Students Enrolled in Free or Reduced Lunch

PreK thru 12th Grade 2013-2014

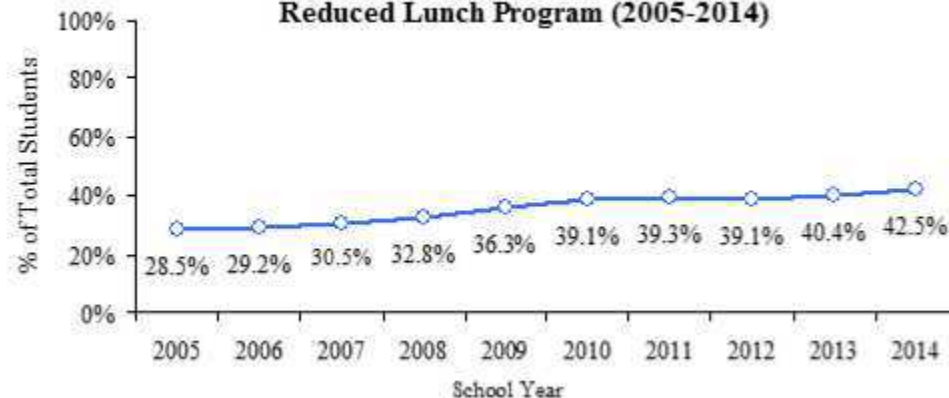


Bl. Free & Reduced Lunch

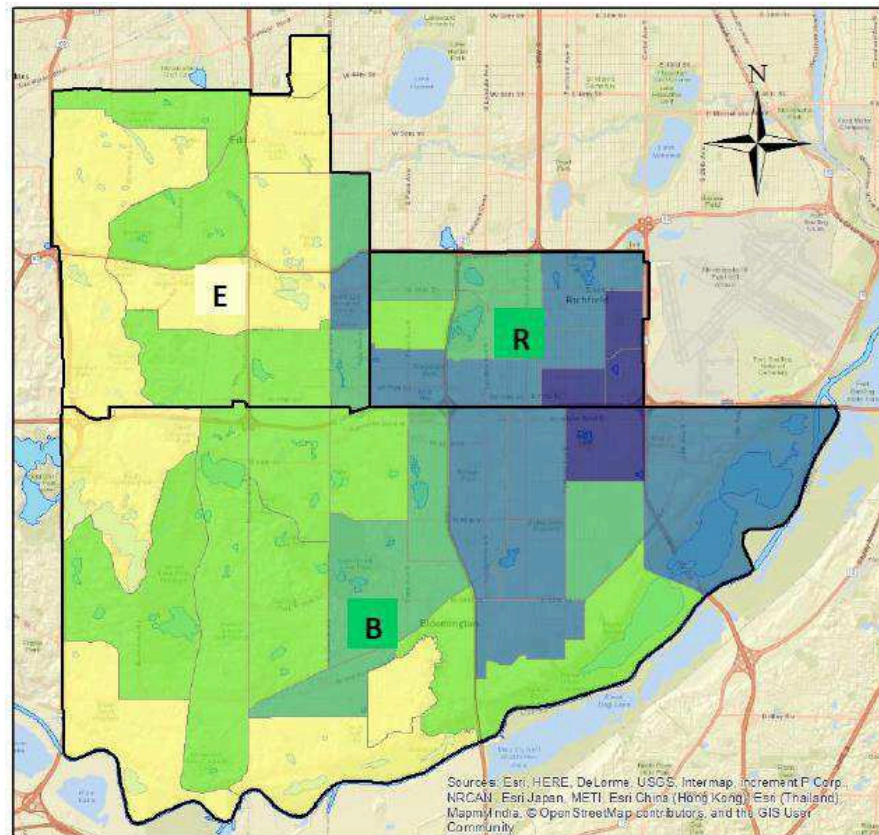
**Percent of Students Enrolled in Free or Reduced Lunch
PreK thru 12th Grade 2014-2015**



**Percentage of Bloomington Students Eligible for Free and
Reduced Lunch Program (2005-2014)**



Areas of Concentrated Poverty



Legend

Bloomington, Edina and Richfield

Percent of Total Population Living at 185% and Below Poverty

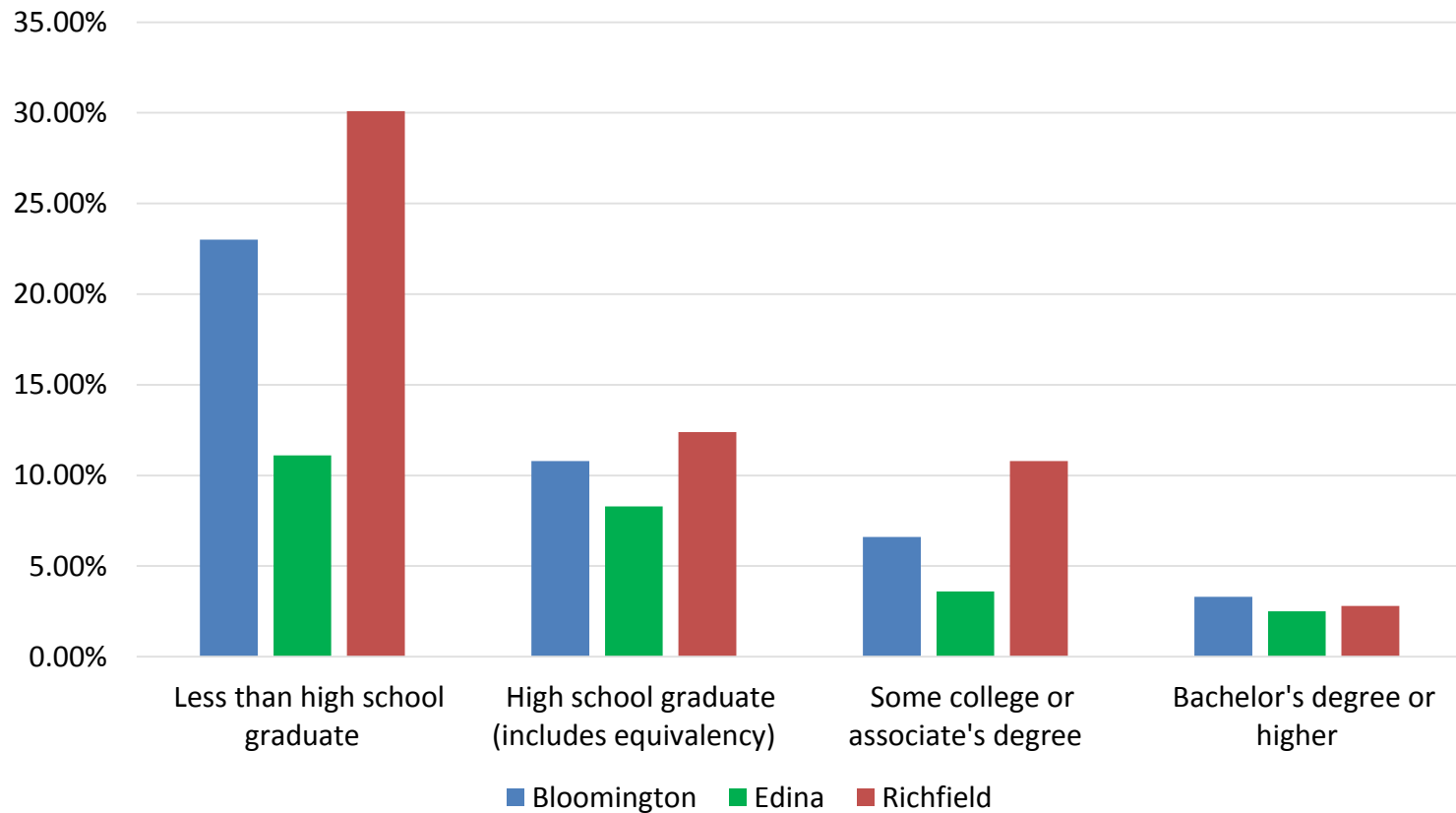
- Less than 10%
- 10%-20%
- 20%-30%
- 30%-40%
- 40% and Greater

0 0.75 1.5 3 Miles



POVERTY RATE FOR >25 yr olds

BY EDUCATIONAL ATTAINMENT LEVEL



Examples of Health Inequities

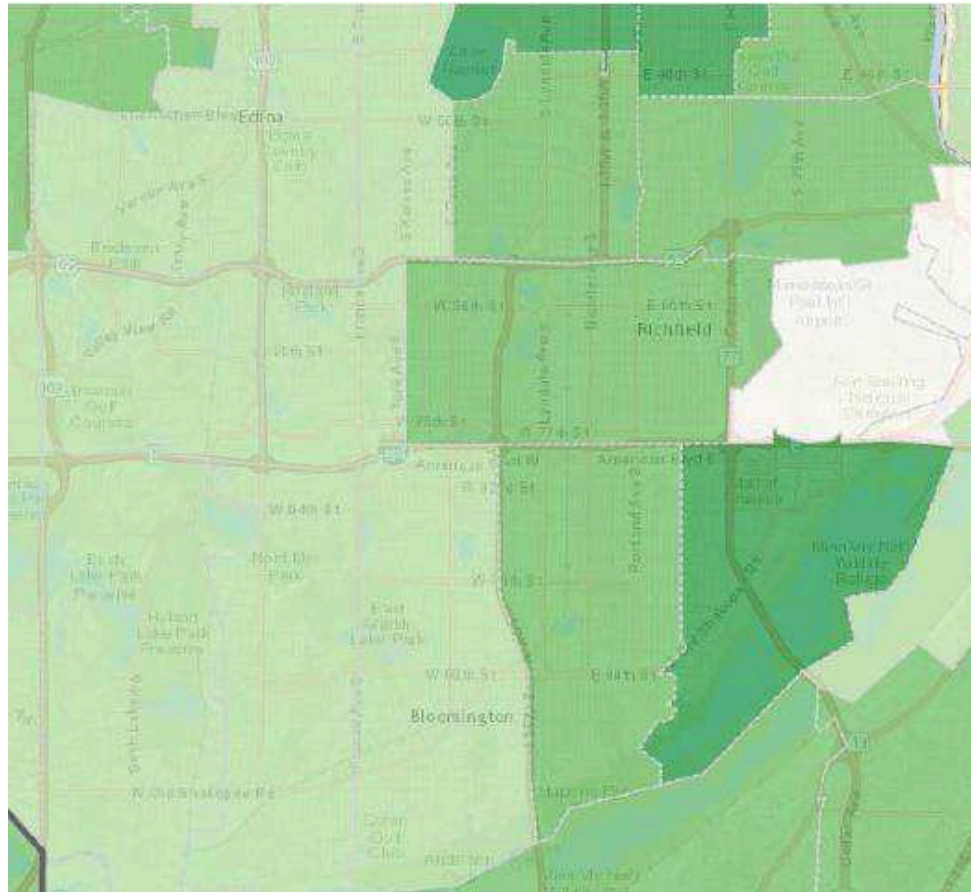
National:

- Mortality rate for infants of mothers with less than 12 years of education was 1.5 times higher than for those of mothers with 13 + years of education
- Pacific Islanders, American Indians, Hispanics/Latinos and People of color are all significantly more likely to have been diagnosed with diabetes compared to White counterparts.
- African-American and Latina women are more likely to be diagnosed with later-stage breast cancer.

Minnesota:

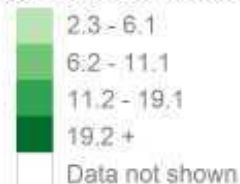
- In Minnesota, an African American or Native American infant has more than twice the chance of dying in the first year of life as a white baby.
- Data collected reports 44 percent of Asians and 41 percent of whites receive optimal diabetes care, compared to 27 percent of blacks and 25 percent of American Indians
- Immigrants from African countries — particularly those from Somali — had some of the lowest health-care outcomes rates statewide.

Asthma Hospitalization Rates

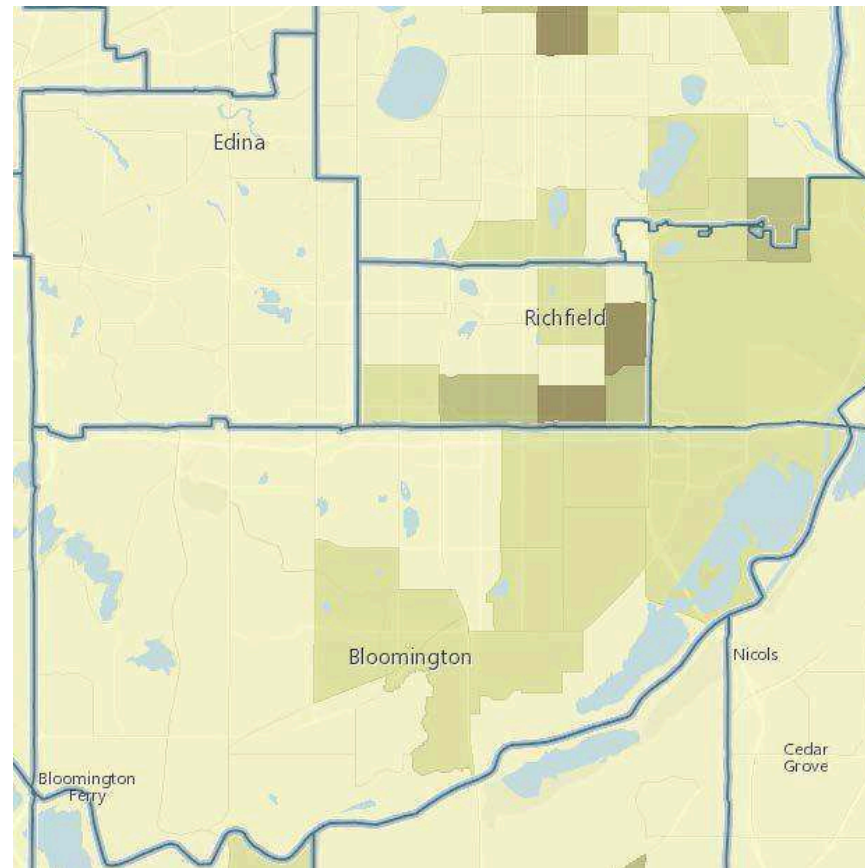


● ZIP code (Metro Area), 2009-2013

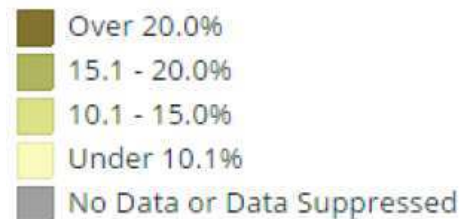
Age-Adjusted Rate per 10,000



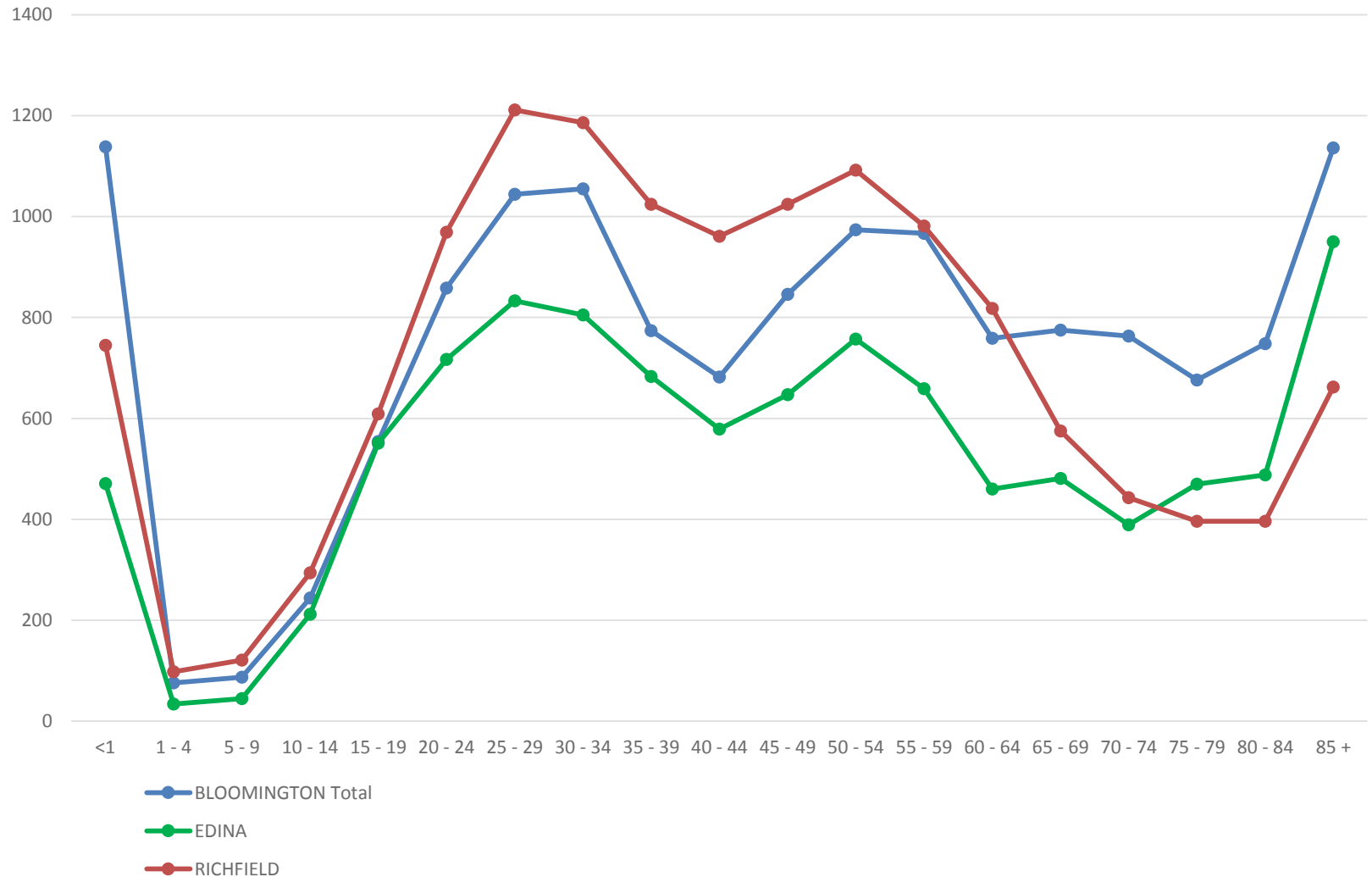
Uninsured Population



Uninsured Population, Percent by Tract, ACS 2010-14



2014 Inpatient Hospitalization by age. (Note, Includes live Births)



2015 Vital Statistics: **Birth Data**

2015 Births per city		
	Frequency	Percent
BLOOMINGTON	994	47.1
EDINA	537	25.5
RICHFIELD	578	27.4
Total	2109	100

Birth mother's race/ ethnicity breakdown

	Mother's race/ non-Hispanic						Total
	Non-hispanic White	Non-hispanic Black	Non-hispanic Native American	Non-hispanic Asian	Any hispanic	Other	
BLOOMINGTON	591	181	5	80	122	15	994
EDINA	374	33	1	109	15	5	537
RICHFIELD	306	83	8	55	120	6	578
Total	1271	297	14	244	257	26	2109

Birth Mother's Age & City

	<15-19	20+	Total
BLOOMINGTON	26	968	994
EDINA	2	535	537
RICHFIELD	19	559	578
Total	47	2062	2109

Birth Mother's Education Level

Mother's education <HS, HS, College			
CITY	EDUCATION	Frequency	Percent
BLOOMINGTON	< HS	116	11.7
	HS Grad	142	14.3
	Some College or Grad	724	72.8
	Total	982	98.8
	Unknown	12	1.2
	Total	994	100.0
EDINA	< HS	11	2.0
	HS Grad	30	5.6
	Some College or Grad	488	90.9
	Total	529	98.5
	Unknown	8	1.5
	Total	537	100.0
RICHFIELD	< HS	87	15.1
	HS Grad	94	16.3
	Some College or Grad	389	67.3
	Total	570	98.6
	Unknown	8	1.4
	Total	578	100.0

Origin of Mother's Birth

CITY	ORIGIN	Frequency	Cumulative Percent
BLOOMINGTON	US-born	675	67.9
	Foreign	319	100.0
	Total	994	
EDINA	US-born	370	68.9
	U.S. Territory	2	69.3
	Foreign	165	100.0
	Total	537	
RICHFIELD	US-born	373	64.5
	U.S. Territory	1	64.7
	Foreign	204	100.0
	Total	578	

Adequacy of prenatal care

Count					
		BLOOM	EDINA	RICHFIELD	TOTAL
Adequacy of prenatal care index	Intensive	189	116	102	407
	Adequate	534	303	327	1164
	Intermediate	173	65	87	325
	Inadequate	32	23	22	77
	No Care	5	1	4	10
Total		933	508	542	1983

Adequacy of prenatal care index / Race for BER 2015

		Intensive	Adequate	Intermediate	Inadequate	No Care	Total
Non-hispanic White		266	764	141	31	4	1206
Non-hispanic Black		44	123	81	18	2	268
Non-hispanic Native American		2	11	0	0	0	13
Non-hispanic Asian		52	125	42	11	1	231
Any hispanic		40	128	56	14	3	241
Other		3	13	5	3	0	24
Total		407	1164	325	77	10	1983

Preterm & LBW Babies

Preterm, Single Babies Residing in Bloomington, Edina or Richfield by Race

PRETERM			CITY			Total
			BLOOMINGTON	EDINA	RICHFIELD	
Race	White	Count	34	23	13	70
		% of Total	22.2%	15.0%	8.5%	45.8%
	Black	Count	21	3	9	33
		% of Total	13.7%	2.0%	5.9%	21.6%
	Asian	Count	8	9	2	19
		% of Total	5.2%	5.9%	1.3%	12.4%
	Hispanic	Count	17	0	9	26
		% of Total	11.1%	0.0%	5.9%	17.0%
	Unknown	Count	1	2	2	5
		% of Total	0.7%	1.3%	1.3%	3.3%
	Total	Count	81	37	35	153
		% of Total	52.9%	24.2%	22.9%	100.0%

Low Birth Weight, Single Babies Residing in Bloomington, Edina or Richfield by Race

LOW BIRTH WEIGHT			CITY			Total
			BLOOMINGTON	EDINA	RICHFIELD	
Race	White	Count	23	10	10	43
		% of Total	24.2%	10.5%	10.5%	45.3%
	Black	Count	12	1	6	19
		% of Total	12.6%	1.1%	6.3%	20.0%
	Asian	Count	5	6	1	12
		% of Total	5.3%	6.3%	1.1%	12.6%
	Hispanic	Count	9	2	8	19
		% of Total	9.5%	2.1%	8.4%	20.0%
	Unknown	Count	0	2	0	2
		% of Total	0.0%	2.1%	0.0%	2.1%
Total		Count	49	21	25	95
		% of Total	51.6%	22.1%	26.3%	100.0%

Source of Hospital Payment

CITY		Frequency	Percent
BLOOMINGTON	Medicaid	343	34.5
	Private insurance	590	59.4
	Self-pay	24	2.4
	Other government program	1	0.1
	Other	34	3.4
	Unknown	2	0.2
	Total	994	100.0
EDINA	Medicaid	58	10.8
	Private insurance	469	87.3
	Self-pay	5	0.9
	Other	3	0.6
	Unknown	2	0.4
	Total	537	100.0
RICHFIELD	Medicaid	208	36.0
	Private insurance	340	58.8
	Self-pay	10	1.7
	Other government program	1	0.2
	Other	19	3.3
	Total	578	100.0

Community Needs

1. Decrease health disparities
2. Access to health care and support services for low income families
3. Increase educational attainment
4. Decrease unplanned pregnancies




Public Health MCH Services

- WIC + peer breastfeeding support
- SAGE women's clinic
- Immunizations/flu shots
- Infectious disease control
- Home visiting
- Early childhood development screening
- Asthma home assessment
- Elevated blood lead follow-up
- Health education
- Car seat safety
- Pregnancy Free Club



WIC highlights

	WIC Health Indicators Summary					
	CHB					
	MINNESOTA			HENNEPIN-BLOOMINGTON		
Infants' Health Indicator	2012 (Ref Yr)	2014 (Cur Yr)	Percent Change	2012 (Ref Yr)	2014 (Cur Yr)	Percent Change
Breastfeeding						
Initiation	76.0%	80.0%	5%	83.0%	88.2%	6%
Duration 1 month	57.7%	61.7%	7%	71.7%	73.4%	2%
Duration 3 months	43.2%	47.4%	10%	58.2%	60.7%	4%
Duration 6 months	32.1%	34.9%	9%	45.3%	46.8%	3%
Duration 12 months	13.6%	17.8%	31%	20.2%	27.9%	38%
Women's Health Indicator	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change
Anemia (Low Hemoglobin)						
Prenatal Any Trimester	10.2%	13.4%	31%	13.0%	12.1%	-7%
Prenatal Third Trimester	26.6%	33.3%	25%	32.3%	29.1%	-10%
Postpartum	31.0%	34.2%	10%	27.7%	30.0%	8%
Weight Status Pre-pregnancy						
Overweight and Obese (BMI > 25)	58.2%	58.5%	1%	57.2%	53.8%	-6%
Children's Health Indicator	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change
Anemia (Low Hemoglobin)						
0 to 5 years	10.9%	12.9%	18%	12.2%	10.2%	-16%
Weight Status						
Overweight and Obese (≥ 85th percentile)						
2 to 5 years	28.7%	27.9%	-3%	25.7%	22.9%	-11%
Obese (≥ 95th percentile)						
2 to 5 years	12.7%	12.2%	-4%	11.7%	11.5%	-2%

Now What?

- Breastfeeding Support Groups
- Community business survey about infant feeding
- Funding to support our work
- Community Health Assessment

City of Bloomington Population Profile

Geography **

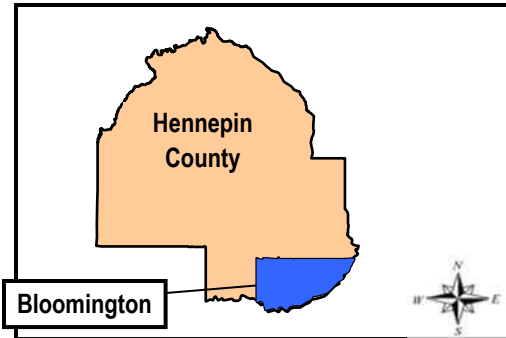
Population **

Seniors **

Income **

Diversity **

School Enrollment



Geography

Bloomington, population 86,652, is a suburb in southern Hennepin County. The city is 38.3 square miles and includes 37,641 occupied housing units with an average of 2.27 persons per household. Approximately 68.4% (59,270 people) of those units are owner occupied and 31.6% (27,382 people) are rented. An additional 985 people reside in group quarters such as nursing home facilities or other group-living facilities. *(U.S. Census Bureau 2014 American Community Survey 1 yr estimate)*

From west to east, the cities of Edina and Richfield and the Minneapolis/St. Paul International Airport form the northern border of the city, Eden Prairie lies to the west. The southern and eastern portion of Bloomington is bordered by the Minnesota River and cities of Savage, Burnsville and Eagan. *(Metropolitan Council, 2015 Bloomington Community Profile, City of Bloomington website, www.ci.bloomington.mn.us)*

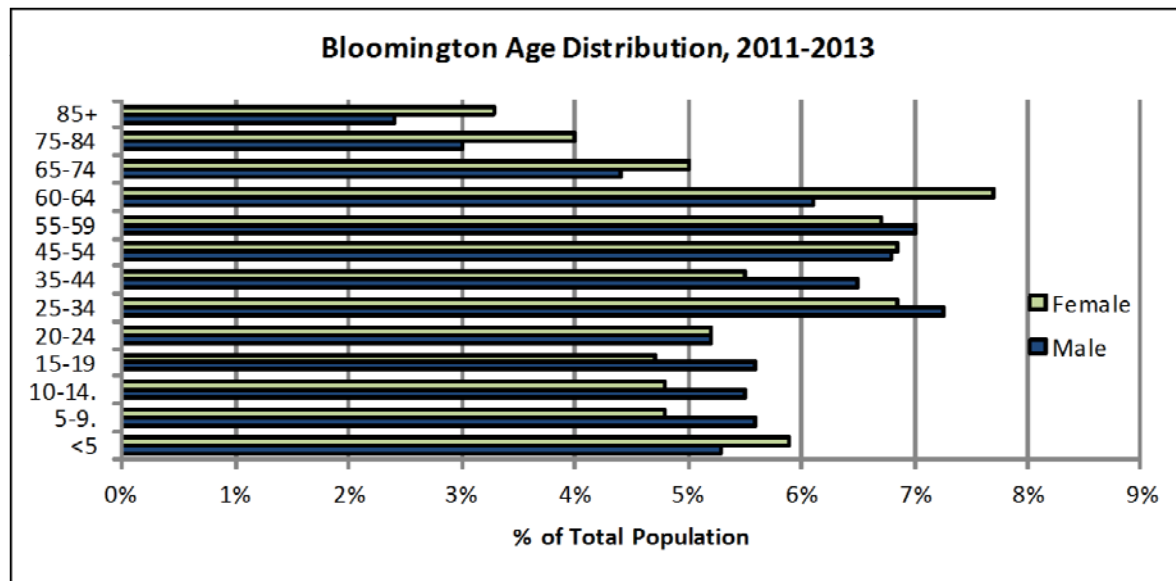
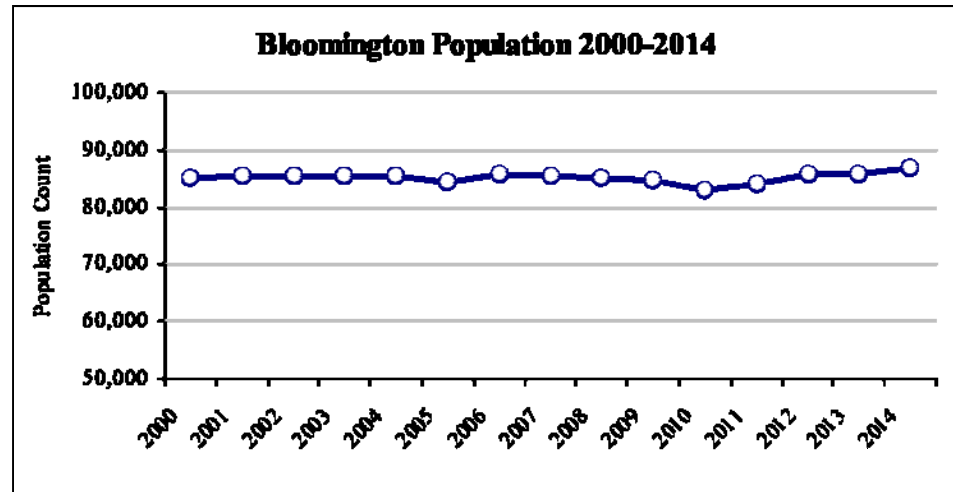
Unique Features

The City of Bloomington maintains and operates an extensive parks system with over 8,928 acres of designated parks and open space. In 2014, the top three employers in Bloomington included the Mall of America and Hospitality Association (13,000 employees), Health Partners Insurance (2,666 employees) and the Bloomington School District (1,936 employees). There are five secondary institutions in Bloomington including Normandale Community College, which educates over 10,000 students annually. Bloomington is also home to the Bloomington Center for the Arts, a focal point for the performing and visual arts for thousands of people in Bloomington and the surrounding communities. Additionally, the City operates a Farmers Market in the summer, with more than 40 vendors each week. *(City of Bloomington website, www.bloomingtonmn.gov, Normandale Community College website)*

Population

Bloomington's population has seen little fluctuation over recent years. Metropolitan Council population estimates showed a decline in Bloomington's population from 2007-2010, with the 2010 census indicating a 10-year low with 82,893 people. The 2014 population was 86,652.

Source: Metropolitan Council Population Estimates, 2000 to 2014
U.S. Census; U.S. Census Bureau 2011 American Community Survey 1yr estimate



Bloomington Population Distribution of Age

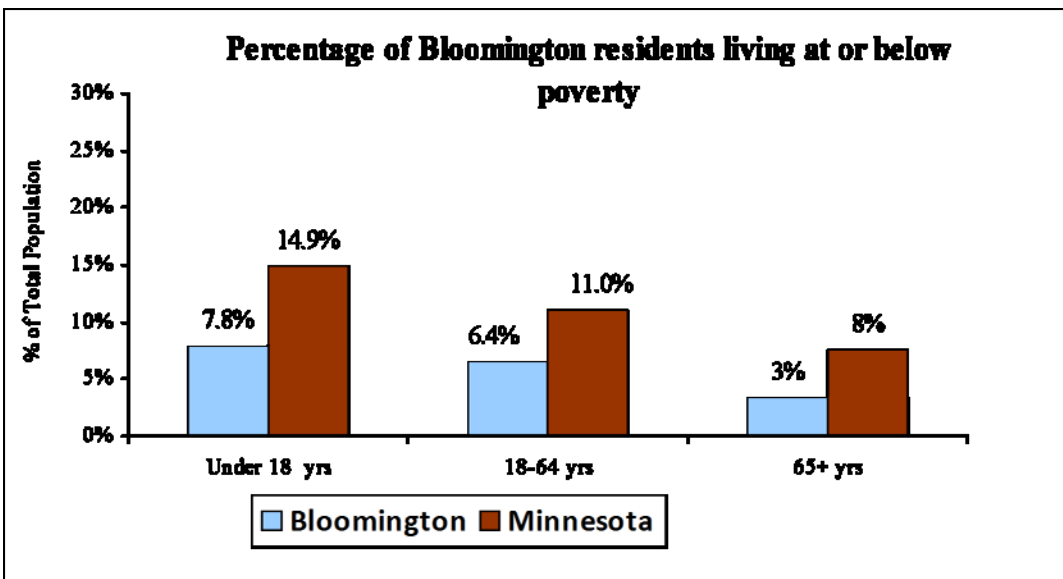
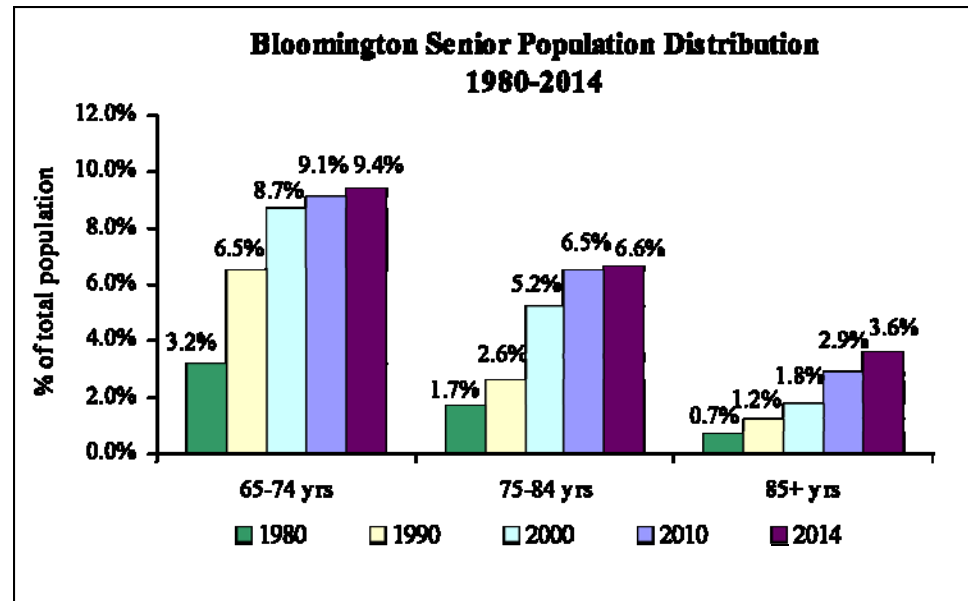
- Higher percent of population is female (49%) compared to males (51%)
- Lower proportion of residents under 18 years of age compared to residents 65 years and older

Source: U.S. Census Bureau 2011-2013
American Community Survey 3 yr estimate

Bloomington Senior Population

- In 2014, adults 65 years and older comprised 19.6% of the total population of Bloomington
- Every age group of seniors, as a proportion of the total population, has increased in every census since 1980
- The largest increase since 2000 was seen in the 75-84 years age group

Source: U.S. Census, 1980, 1990, 2000, 2010, 2014 1 yr estimate



Residents in Poverty

- Higher proportion of youth and adults living at or below poverty compared to seniors.
- Median household income in Bloomington is \$64,115. Federal poverty level in 2014 was \$23,850 for a family of four
- 7.2% of household participated in SNAP program in past 12 months (2014 survey)

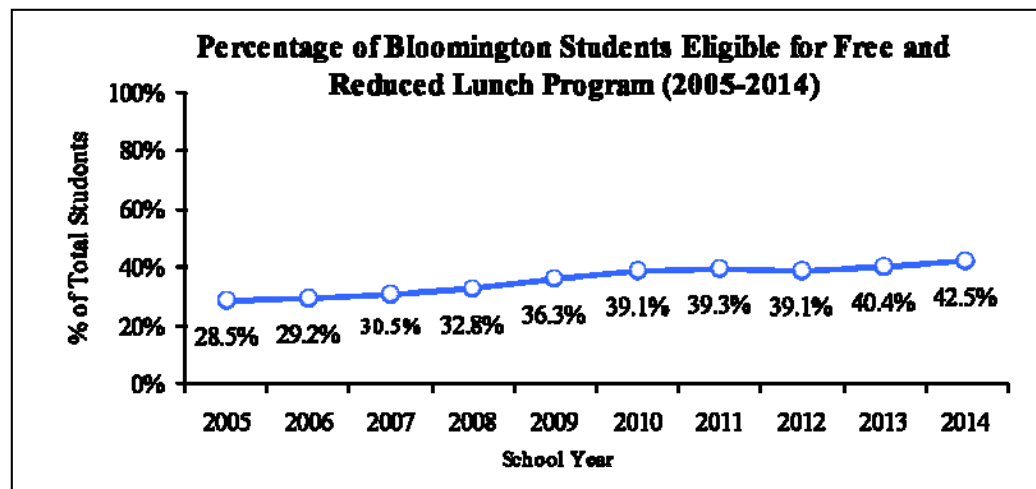
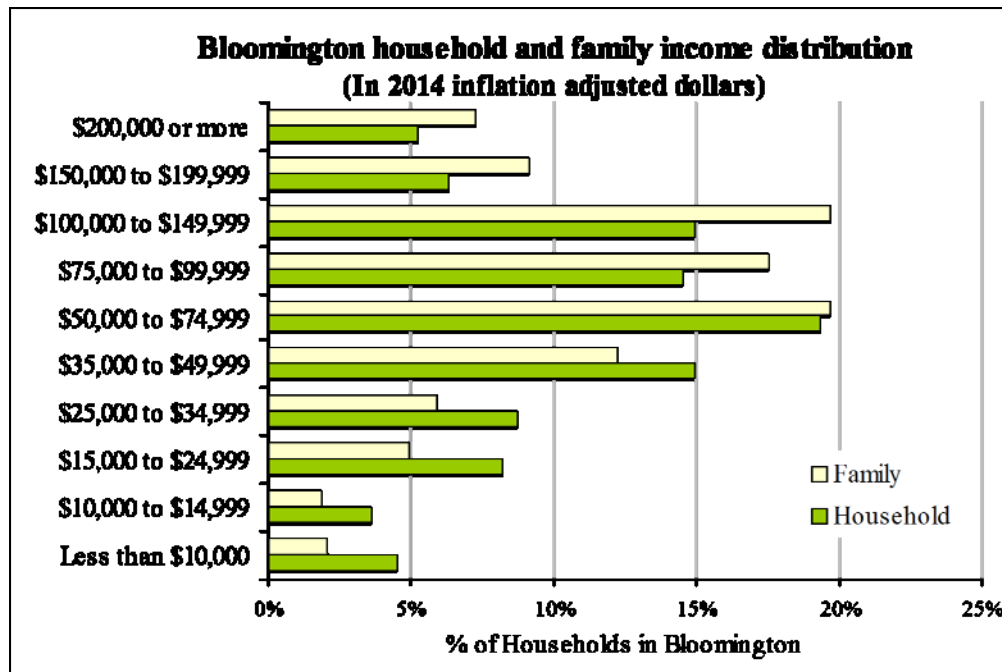
Source: U.S. Census Bureau 2014 American Community Survey 1 yr estimate

Income

Bloomington's median household income is \$61,820, which is slightly higher than the Minnesota. The median family income in Bloomington is \$78,727, also higher than the State. In Bloomington, the average household size in 2014 was 2.27, the average family size was 2.93.

Note: The difference between household and family is a family consists of two or more people related by birth, marriage, or adoption residing in the same housing unit. A household consists of all people who live in a housing unit regardless of relationship. It may consist of a person living alone or multiple unrelated individuals or families living together.

Source: American Community Survey 2009-2013 5 yr estimates



Free and Reduced Price Lunch Program

In the Bloomington Public School District, the percent of students eligible for the Free and Reduced Lunch Program increased from 29% in 2005 to 39% in 2010. This proportion remained steady from 2010 to 2012 but increases since 2012.

Source: 2005-2014 MDE enrollment data

Limited English Proficiency

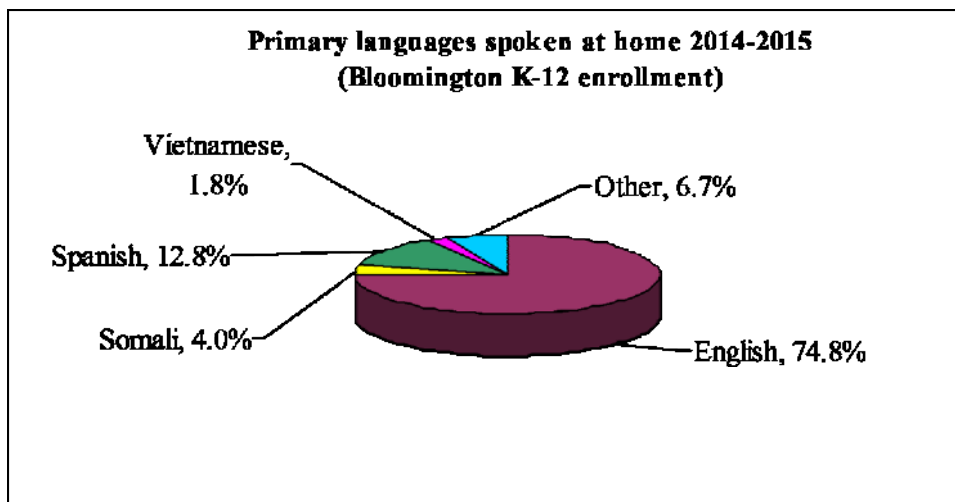
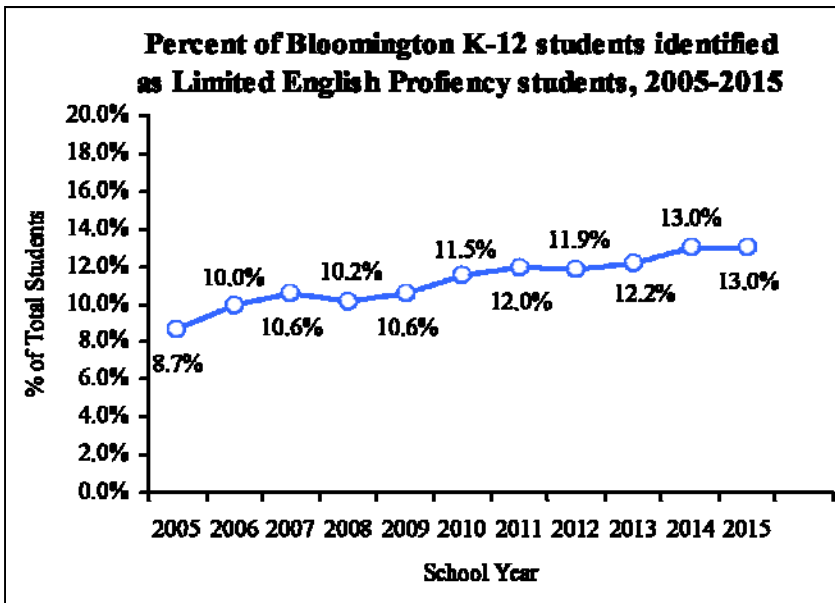
The proportion of Limited English Proficiency (LEP) students has increased gradually from 2005-2014 to 13% of all K-12 students.

The proportion of the Bloomington population that speaks a language other than English at home is higher than the State

- Bloomington: 13.9%
- Minnesota: 11.1%

Continual growth in the percentage of foreign-born residents

- 1990: 4.0%
- 2000: 7.7%
- 2010: 10.8%
- 2011: 11.4%



Languages in Bloomington

The Department of Education tracks what language is the primary language spoken at home for students. In Bloomington, the most prominent non-English languages spoken at home for Bloomington students' families in the 2014-2015 school year (K-12) were:

- Spanish: 12.8%
- Somali: 4.0%
- Vietnamese: 1.8%

Source: MN Department of Education 2014-2015

Racial and Ethnic Diversity

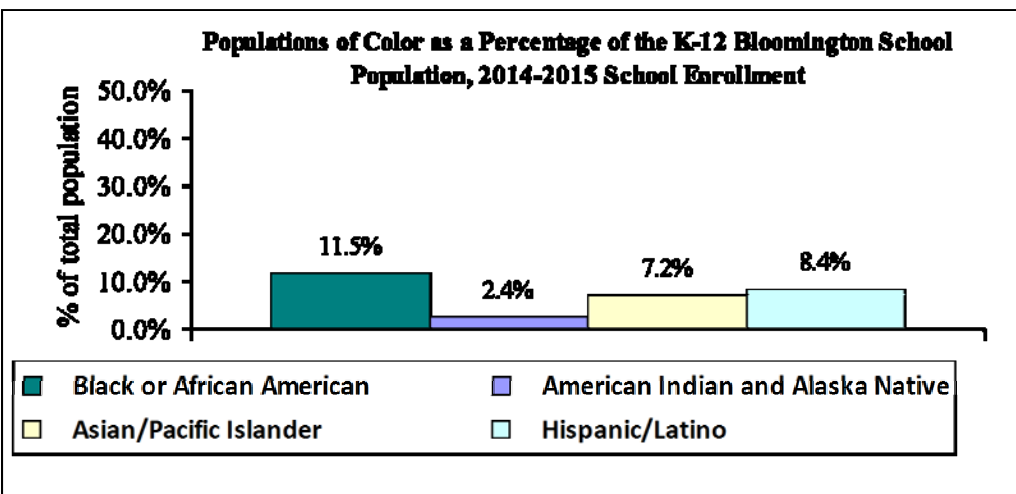
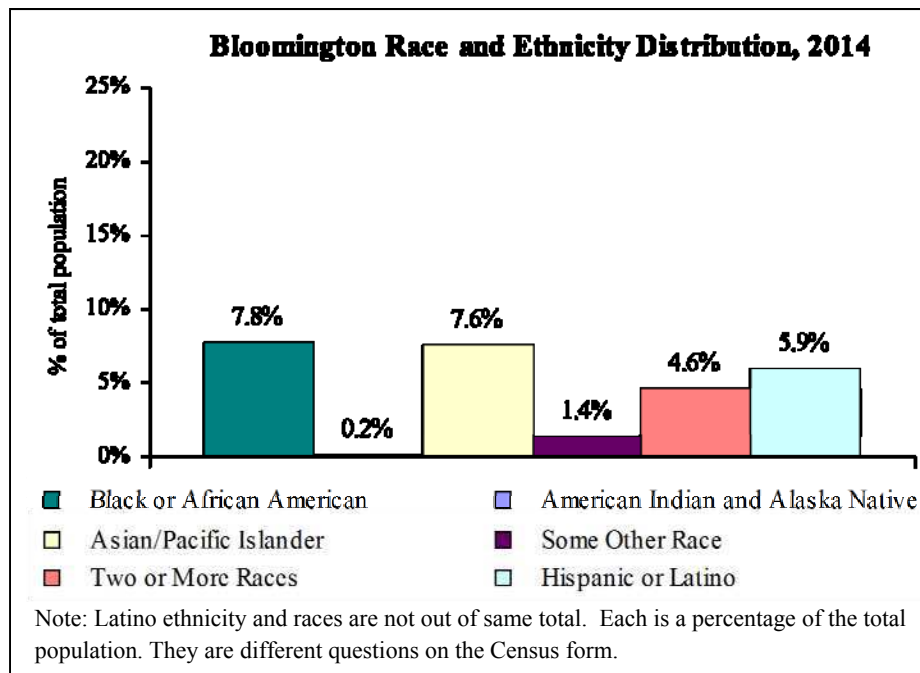
Proportion of population that identified their race as White decreased from 88.1% in 2000 to 80.6% in 2011

The Latino population increased from 2.7% in 2000 to 5.9% in 2011

The 2014 median ages for populations of color are lower than Non-Latino Whites (48.3 years)

- Asian: 44.7 years
- African American/African: 29.9 years
- Latino: 29.9 years
- Some Other race: 34.3 years
- 2 or more races: 15.1 years

Source: U.S. Census Bureau 2014 American Community Survey 1 yr estimate



Diversity in Schools

Similar to the total population of Bloomington, Black/African American students account for the largest percentage of students of population of color (12%)

Student population in Bloomington has become more diverse in recent years

- 2000: 22% populations of color
- 2014: 30% populations of color

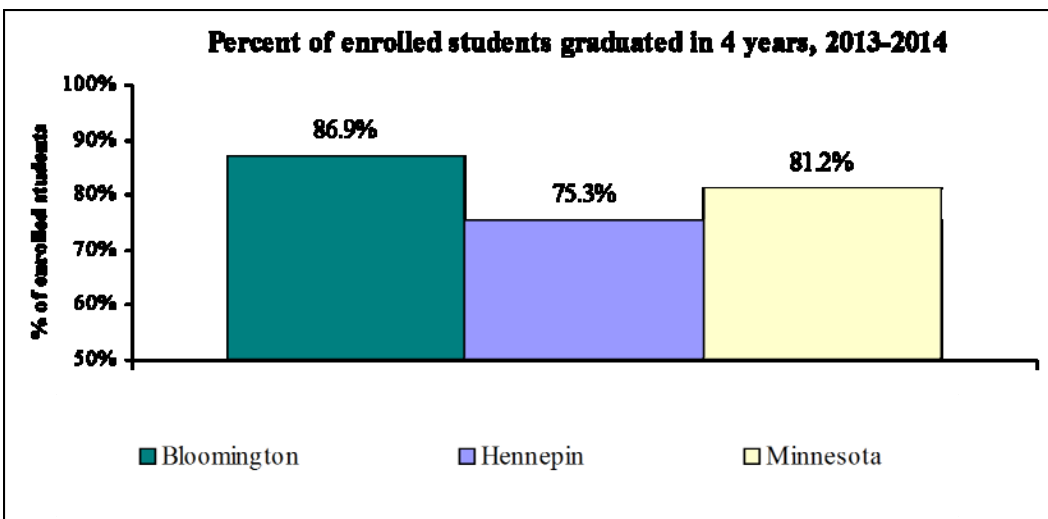
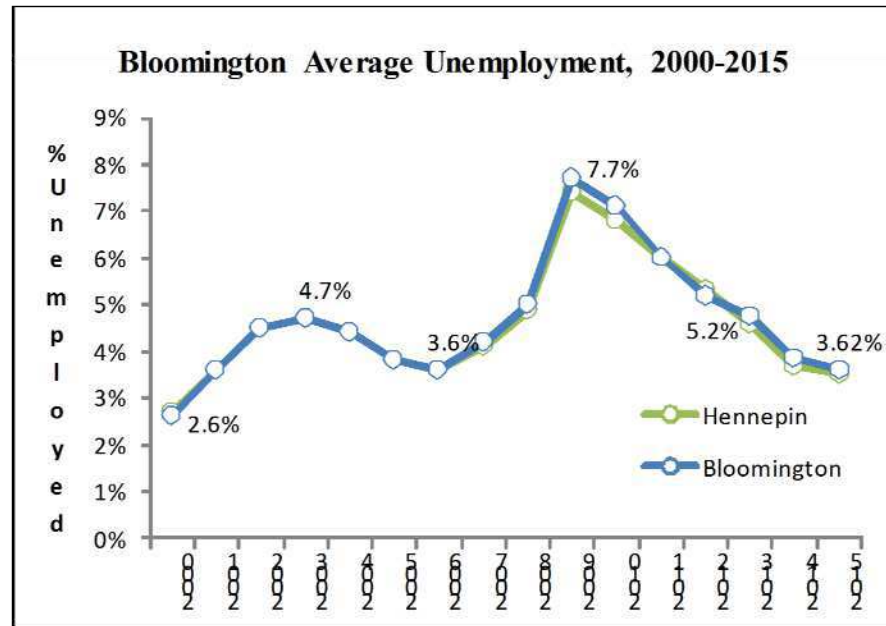
Source: MN Department of Education 2000-2014

Employment

More than 45,812 people worked in Bloomington in 2015. In the same year, 3.3% of Bloomington residents were unemployed. This is down 2.5% from a 22 year high of 7.7% in 2009.

Bloomington has closely followed the unemployment trend of Hennepin County. Minnesota's 2015 unemployment rate (3.8%) was slightly higher than both Bloomington and Hennepin County.

Source: Local Area Unemployment Statistics, Minnesota Department of Employment and Economic Development



Graduation Rates

87% percent of students enrolled in Bloomington schools graduated in 2014. More than Hennepin County or Minnesota.

73% of Latino or Hispanic students graduated in 2014.

Source: MN Department of Education 2014



WIC Health Indicators Summary

	CHB					
	MINNESOTA			HENNEPIN-BLOOMINGTON		
Infants' Health Indicator	2012 (Ref Yr)	2014 (Cur Yr)	Percent Change	2012 (Ref Yr)	2014 (Cur Yr)	Percent Change
Breastfeeding						
Initiation	76.0%	80.0%	5%	83.0%	88.2%	6%
Duration 1 month	57.7%	61.7%	7%	71.7%	73.4%	2%
Duration 3 months	43.2%	47.4%	10%	58.2%	60.7%	4%
Duration 6 months	32.1%	34.9%	9%	45.3%	46.8%	3%
Duration 12 months	13.6%	17.8%	31%	20.2%	27.9%	38%

Women's Health Indicator	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change
Anemia (Low Hemoglobin)						
Prenatal Any Trimester	10.2%	13.4%	31%	13.0%	12.1%	-7%
Prenatal Third Trimester	26.6%	33.3%	25%	32.3%	29.1%	-10%
Postpartum	31.0%	34.2%	10%	27.7%	30.0%	8%
Weight Status Pre-pregnancy						
Overweight and Obese (BMI > 25)	58.2%	58.5%	1%	57.2%	53.8%	-6%

Children's Health Indicator	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change	2012 (Ref Yr)	2015 (Most Recent Yr Available)	Percent Change
Anemia (Low Hemoglobin)						
0 to 5 years	10.9%	12.9%	18%	12.2%	10.2%	-16%
Weight Status						
Overweight and Obese (\geq 85th percentile)						
2 to 5 years	28.7%	27.9%	-3%	25.7%	22.9%	-11%
Obese (\geq 95th percentile)						
2 to 5 years	12.7%	12.2%	-4%	11.7%	11.5%	-2%

NOTE: Four asterisks (****) indicate a suppressed result when the denominator is < 30.

Metro Alliance for Healthy Families



Newborns don't come with an instruction manual

Raising healthy, successful children is a challenge for ALL families – even more so for first-time parents who may be vulnerable and highly mobile. The Metro Alliance for Healthy Families (MAHF) is a proven effective home visiting program that engages parents in identifying and pursuing family goals. Families are served without regard to where they live and move within the Twin Cities region.



"I was lost and confused and my home visitor helped me be a stronger person by giving me guidance and being compassionate along the way. She was the first to notice symptoms of my postpartum depression and referred me to get the appropriate help I needed."

- Parent in the program

”

Early intervention prevents costly services down the line

If we want a prosperous future, there is no better investment than making sure infants and toddlers are safe and have nurturing early experiences that build a strong foundation for the architecture of their brains.

"My Home Visitor helped me prepare to bring my son into the world. From birthing videos, to getting a car seat, assembling it properly and safely, talking about the stages of development, and setting goals for my child and myself even before he entered the world."

- Parent in the program

”

MAHF provides high-quality, evidence-based services

Home visits are provided by more than 60 MAHF public health nurses, family support workers, early childhood educators, and social workers. Home visiting is provided following the Healthy Families America (HFA) evidence-based model. In follow-up surveys, 9 out of 10 parents state that the program has increased their confidence as parents, and recommend the program to family or friends.



Key 2015 Accomplishments

MAHF received national accreditation from Healthy Families America, certifying that MAHF meets standards in twelve categories, including program operations, financial management, and quality of home visits by trained staff. The U.S. Department of Health and Human Services recognizes Healthy Families America as an effective evidence-based home visiting program.



MAHF received a significant grant from the Greater Twin Cities United Way: \$500,000 per year for three years - the third time MAHF has been funded by the United Way.

MAHF reaches many families in 2015



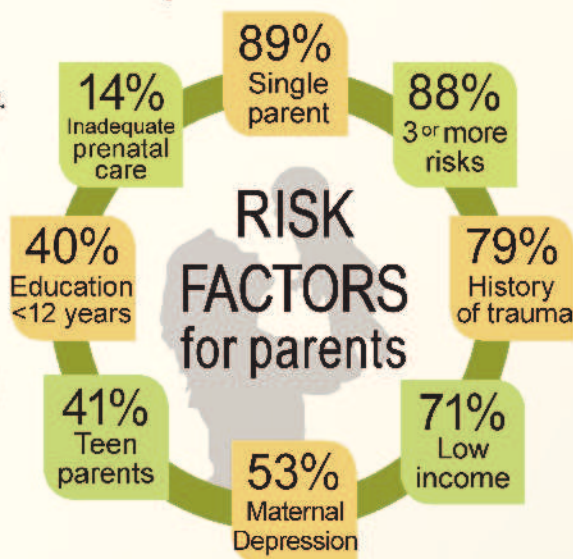
Services provided to **684** families making **10,424** home visits

Since 2007, MAHF has served 1,970 families and provided 68,914 home visits

MAHF parents face many life challenges

MAHF is reaching families who can most benefit from the service. Families face multiple risks, challenges and circumstances that make parenting difficult and optimal child development unlikely.

Over three-quarters experienced abuse and family disruption themselves as children, and more than half screened positive for maternal depression by their home visitor.



Children achieve milestones for growth and development

94%
rated within average range for cognitive and physical growth

87%
rated within average range for behavioral/emotional milestones

Child maltreatment reduced or prevented

A 2013 study found that child protection services were required nearly 50% less often for MAHF families, compared to a comparison group.

A 2005 study of the Dakota County pilot program found that providing intensive home visiting services to one family (\$6,150) costs about a quarter of the expense of investigating and prosecuting a single case of abuse in the county's child protection system (\$26,000 per case in 2002 dollars).



One-year olds have increased access to preventive health services

99%
of families met the target for connection to primary health provider

98%
of families were current with well-child exams

96%
of MAHF children were fully immunized

Partners:

MAHF partners include Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, and Washington Counties and the city of Bloomington. The Alliance is based on a Joint Powers Agreement and has a ten-member Governing Board of elected officials.

Funding and support:

MAHF is grateful for financial support from the Greater Twin Cities United Way and for the participation of Fairview Ridges Hospital. MAHF Partners also contribute ongoing support to sustain MAHF. Thanks to the Minnesota Department of Health for providing training and technical assistance.



For more information, contact Theresa Gómez, MAHF Program Manager
Theresa.Gomez@co.dakota.mn.us or 651-554-6186

To learn more, visit:
www.metroallianceforhealthyfamilies.org





Agenda Item

Originator
Public Health

Item
Accreditation Update - September, 2016

Date
9/27/2016

Attachments:

Accreditation Presentation

Accreditation

Bloomington Public Health/Public Health Alliance of Bloomington, Edina and Richfield

Bonnie Paulsen, Public Health Administrator

September 7, 2016



What is Accreditation?

- Measurement of a health department performance against a nationally recognized, practice-focused and evidenced-based standards.
- Recognition of achievement by a nationally recognized entity: Public Health Accreditation Board (PHAB)
- The goal of accreditation is to advance quality and performance within Public Health departments.

Benefits of Accreditation

- Stimulated quality and performance improvement opportunities
- Allowed the health department to better identify strengths and weaknesses
- Improved management functions
- Stimulated greater accountability and transparency
- Increased our capacity to document the delivery of the core functions and essential public health services
- Increased accountability to external stakeholders
- Competitiveness for funding opportunities
- Increased communication with the governing entities

Our three greatest strengths

- Bloomington Public Health has cultivated strong relationships with both governmental entities as well as community partners. Their relationship with the Environmental Health division in their city promotes the practice of public health functions across the jurisdiction. The governance structure in BPH is complex, yet staff negotiate these relationships with skill, assisting each jurisdiction to work collaboratively to improve health while maintaining their autonomy and community character. BPH engaged a vast array of community partners in implementing a variety of initiatives.
- Bloomington Public Health effectively engages with their community by listening closely to what the community members need. This allows them to continue to engage partners long after initiatives begin, assuring actions continue. BPH implements evidence-based, culturally-specific approaches to communicating information and engaging families and minority communities.
- Bloomington Public Health demonstrated an extensive commitment to quality improvement and performance management efforts across the department. They have implemented new improvements to their previous PM/QI efforts which better met their needs. Management staff have a commitment to developing internal staff leadership skills. Bloomington Public Health has truly adopted the spirit of a culture of quality in the agency.

Opportunities for improvement

- Bloomington Public Health can make improvements through more thorough and consistent documentation of health department activities. Documentation was not always available to support the actions that were taken.
- Bloomington Public Health's community health assessment processes could be improved through more public engagement with the project. While BPH provided partners extensive opportunities for engagement, this was not documented as well for the public. Public opportunities for involvement may include more media engagement or other strategies to assure that the public has a chance to be involved in the effort.
- Bloomington Public Health has an opportunity to share specific research study findings with community partners and the public as well as the public health implications of the research. While BPH demonstrated that they use evidence-based and research-based practices, they should improve efforts to communicate about specific research with the public and partners.

Overall impression:

- Bloomington Public Health (BPH) appears to have a passionate, well trained staff with extensive depth of experience.
- Bloomington Public Health has a unique jurisdiction and public health service arrangements among the three cities it serves.
- Bloomington Public Health holds a respected and expert position in the community, and are sought out for advice, insights, and direct connections to community members. It is evident from the community partners that BPH listens and responds to community needs.

Domain Reports

[illegible]

Local Governance

- Bloomington, Edina and Richfield are Community Health Boards organized under the Minnesota Statute 145A
- The Public Health Alliance of Bloomington, Edina and Richfield have been working together since 1977
 - Mission: Working together to assure the health of our citizens
 - Vision: improving the health and wellbeing of our communities
 - Values:
 - Collaborative Autonomy
 - Accountability
 - Excellence
 - Community Engagement

Questions



Originator
Public Health

Item
Public Health Administrator Update - September, 2016

Date
9/27/2016

Attachments:

Memo on City's Email Policy for Board/Commission Members

Public Health Division's 2015 Annual Report

(also found at [HTTPS://WWW.BLOOMINGTONMN.GOV/SITES/DEFAULT/FILES/MEDIA/ANNUALREPORT2015_PUBLICHEALTH.PDF](https://www.bloomingtonmn.gov/sites/default/files/media/annualreport2015_publichealth.pdf))



DATE: August 3, 2016

TO: Advisory Board of Health (ABH) Members

FROM: Bonnie Paulsen, Public Health Administrator and ABH Staff Advisor

RE: City of Bloomington's Email Address Policy for its Boards and Commissions Members

The City recently discussed data practice requests and discovery and that any Commission-related materials (such as official emails and City items on City-issued iPads) would likely be public information. As a result, all email communications related to City business (including those communications relative to the Advisory Board of Health) should be received to/sent from a private email address that is not shared by family members or others and is not a corporate account used for or associated with your employment with another organization.

What is strongly suggested is the use of a free, third-party email service, such as Gmail or Hotmail, for your City account. It is further suggested to avoid using that email account for any personal email or for anything that may constitute an official record of City business, as such records, emails and/or City items on your City-issued iPad would likely be considered government data that are subject to a public-records request under the Minnesota Government Data Practices Act (MGDPA). Further, these items must be retained in accordance with the state records-retention requirements.

There are a couple of things to consider before using a personal email account for City business. First, only you should have access to the personal email account. Using a shared account with other family members could lead to information being inadvertently deleted. Also, since City emails are government data, City officials/commissioners may have to separate personal emails from City emails when responding to a public-records request.

Second, if the account you want to use for City business is tied to a private employer, that private employer may have a policy that restricts this kind of use. Even if a private employer allows this type of use, it is important to be aware that in the event of a public-records request under the MGDPA, or a discovery request in litigation, the private employer may be compelled to have a search done of your email communication on the private employer's equipment or to restore files from a backup or archive.

This topic will be on ABH's September Agenda. Please let us know if you have any questions.

The background features a stylized landscape. At the top, a large orange sun with a textured, mottled appearance is partially visible. Below the sun, a white triangular shape points upwards, containing a dark grey semi-circle. Inside the semi-circle is a small map of Minnesota, colored in shades of green and yellow. A road with two yellow lines stretches from the bottom towards the horizon, leading the eye into the distance. The road is flanked by blue and teal areas that create a sense of depth. A black signpost stands on the left side of the road, supporting a green rectangular sign with rounded corners.

Where You Live Matters *to Your Health*

2015

Annual Report to the Community

Bloomington Division of Public Health

Serving Bloomington, Edina and Richfield

Where You Live Matters . . .



Bonnie Paulsen

Bonnie Paulsen,
Public Health Administrator

July 2016

It has been another very busy year at Public Health. Our biggest accomplishment started in 2014 and culminated this year by becoming a *Nationally Accredited Public Health Department*. We are one of only seven other agencies accredited in the State of Minnesota, and only one of 151 agencies across the nation. This puts us in good company and shows the strength of our agency and the work we do for the residents of Bloomington, Edina and Richfield.

The theme of this year's annual report is "Where You Live Matters." Over the past decade there has been realization that our health is a reflection of the environments where we live, work and play. We know that our genetic makeup only accounts for 10 percent of our health and clinical care helps another 10 percent. But the vast majority of our health – 70 percent – can be attributed to our social and economic status and our health behaviors.

A healthy life expectancy is how many healthy years you can expect to live after you reach 65. We have data that shows there can be up to a 13 year difference in life expectancy based on where people live – sometimes less than three miles apart. This further supports the knowledge of where you live matters to you and a healthy life.

Public Health is working on making your environment a place where *everyone* can be healthy. While we work with individuals, we also work on changes to the policies, planning and practices at the City level. This approach, a health in all policies approach, will help you in making the healthy choice the easy choice.

Again, I want to thank the staff at Bloomington Public Health. They are the shining stars of the work we do. Our agency is where we are because we have a caring, compassionate and engaged staff, and your ability to be healthy is greater because they are working on your behalf.

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Who We Are/Mission	Back Cover



Where You Live Matters to

Public Health is here to be part of the process that assures where you live supports your health.

Surroundings must support healthy behavior

Your choice to practice healthy behaviors will only be successful if your surroundings support your choice. To eat healthy you must be able to get fresh produce. To get regular exercise you must be near safe green spaces where you can walk, bicycle or play. To breathe fresh air you need to have a home that is free of mold, cigarette smoke and other airborne health hazards. You must also have care for your health when you need it.

Decisions determine surroundings

Having support for good health in your surroundings is a result of decisions that people have made or will make. These can be decisions like where to place roads, parks, farmers markets and supermarkets. The decisions can also be about how much money to use for things like public transportation, housing, education and assistance programs. There are also decisions about laws to protect our health, like alcohol and tobacco laws that protect youth.

Striving for a healthy community guides our decisions

Without meaning to, well-intended decisions from the past have made good health harder for groups of people in the present. An example could be freeways that become a barrier for some people to grocery stores and playgrounds. When groups of people suffer poor health because of conditions where they live, we call it health inequity. The good news is that we can change these conditions when we partner with community schools, organizations, businesses and city government.

Your Health



In the process we strive to promote, protect and improve the health of our community.



To promote

We work with community partners to **create the settings** in your surroundings and in your homes that support lifelong health by reducing risks for cancer, heart disease, and diabetes. For young families and seniors, we provide assistance that is important to special health needs.



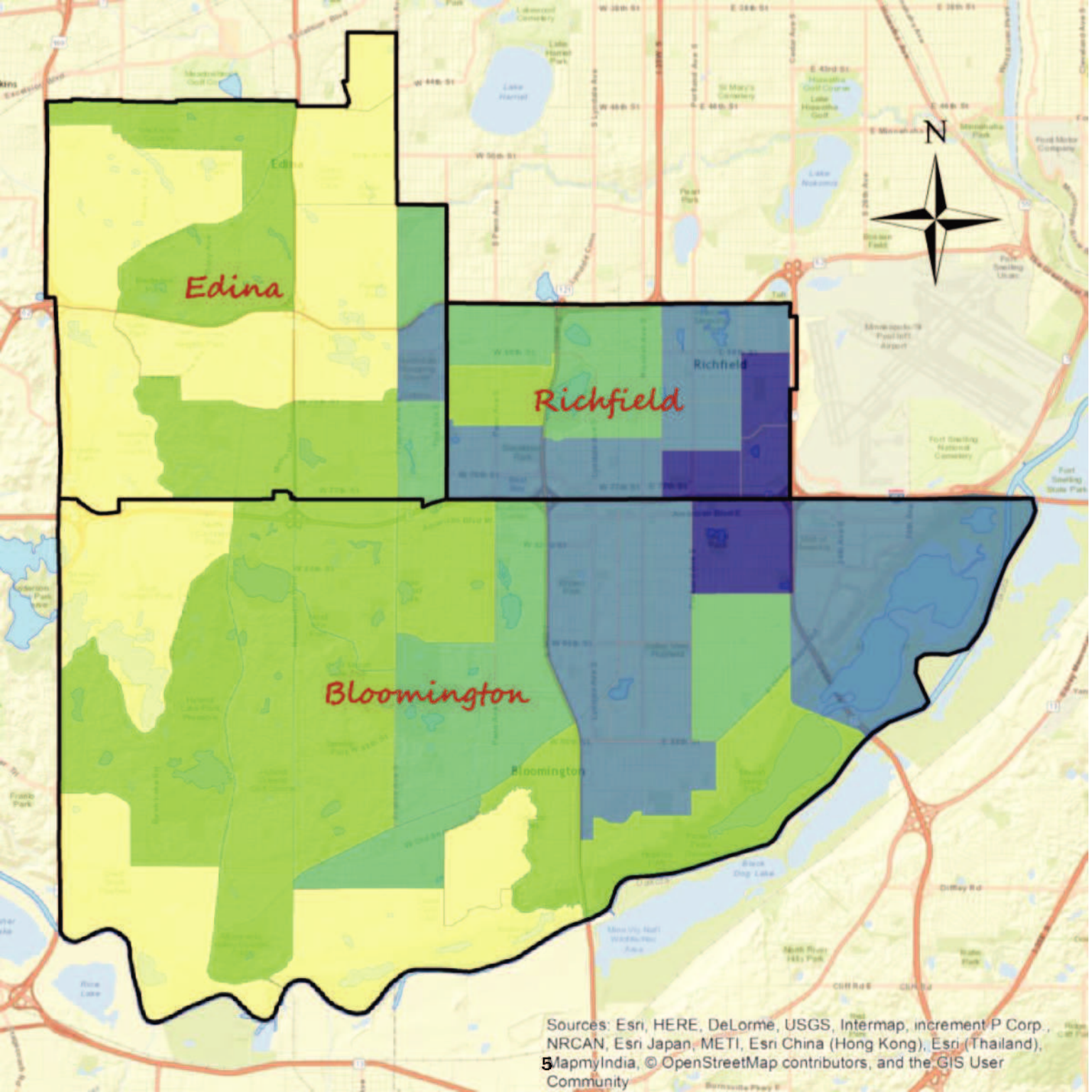
To protect

We seek to **assure a high level of protection** from health threats, including communicable diseases, natural and intentional disasters and preventable injuries. Protection also comes from assuring you have a way to get health care when needed.



To improve

We use proven practices to **raise** the level of health in our community over time.



Sources: Esri, HERE, DeLorme, USGS, Intermap, increment P Corp., NRCAN, Esri Japan, METI, Esri China (Hong Kong), Esri (Thailand), MapmyIndia, © OpenStreetMap contributors, and the GIS User Community

And we seek solutions to our health challenges.

A community with greater Income Inequality has greater health challenges

Income equality assures better health for everyone. Hennepin County is one of the counties in Minnesota with greatest income *inequality*.^{*} Income inequality is the difference in income between people with the most and least income.

Income inequality affects health in many different ways. For example, in a community it can increase the risk of dying early, having poor health, and being diagnosed with heart disease. Income inequalities in a community can make differences in social class and status more visible. However, if we can make these differences less visible, we may be able to reduce the tension and feelings of mistrust that income inequality produces. If we do this, it may be possible for all residents to feel a sense of community and support that promotes wellbeing.

Communities can work together to narrow the gap between people with the most and least income. One of the ways we can do this by investing in policies, programs, and plans that give everyone the opportunity to be healthy.

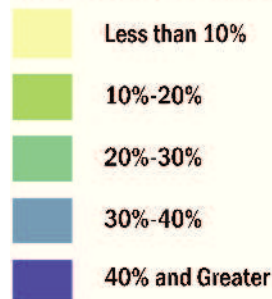
^{*}Income Inequality is the ratio of household income at the 80th percentile to that at the 20th percentile. A higher inequality ratio indicates greater division between the top and bottom ends of the income spectrum.

Source: Robert Wood Johnson Foundation, 2016

Legend

Bloomington, Edina and Richfield

Percent of Total Population Living at 185% and Below Poverty



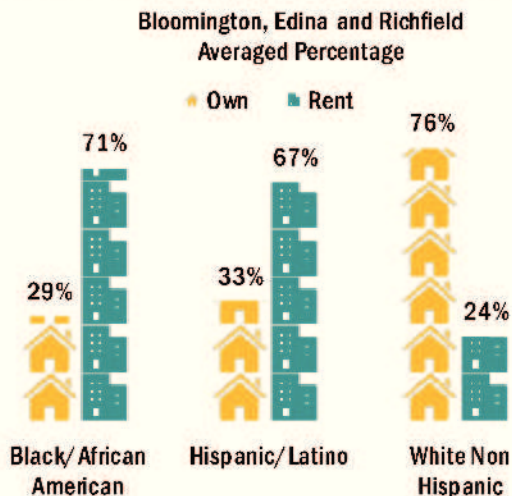
What are poverty guidelines used for?

The Department of Health and Human Services poverty guidelines, including percentages such as 185%, are used to determine eligibility for a number of federal programs. Examples include Head Start, Children's Health Insurance Program, Supplemental Nutrition Assistance Program, National School Lunch Program and Special Supplemental Nutrition Program for Women, Infants and Children.



COMMUNITY SNAPSHOT

More Black and Latino community members live in rental housing than White community members.



A CHALLENGE

Provide a setting in multi-unit rental housing for health equity

Non-smokers in multi-unit housing can still be exposed to the health hazards of secondhand smoke. This creates health inequity in our community because more Blacks and Hispanics or Latinos live in rental housing. Children living there may have more ear infections, respiratory infections and asthma problems. Adults have a greater risk for heart disease, lung cancer and stroke.



A SOLUTION

Help more rental properties to become smoke free

Bloomington Public Health and the Minnesota Chapter of ANSR (Association for Non-Smokers Rights) are working together with SHIP (Statewide Health Improvement Program) support to help more multi-unit property owners adopt smoke-free policies.

Less than half of rental properties are smoke-free.



Bloomington – 31% smoke-free



Edina – 47% smoke-free



Richfield – 33% smoke-free



Somali childcare staff training in "I Am Moving I Am Learning"



Early Childhood Education in Somali Childcare Center Supported by Physical Activity Training

"Childcare staff at two Somali childcare centers told us children didn't get enough play time at home and this caused difficult behavior during the day. It is also a health problem.

To help them change this situation, we trained the childcare staff to add physical activity into their daily childcare routine using the "I Am Moving I Am Learning" curriculum. In addition to adding physical activity and improving behavior, the training also taught teachers how to help children with early learning to prepare them for school."

Bloomington Public Health Staff Member

OUTCOMES IN "PROMOTE"

- **770 Latino and Somali children** are getting **Early Childhood Education** to support an early start at healthy behavior and success in school.*
- **Richfield and Bloomington youth** have greater protection from accessing tobacco products with new ordinances that strengthen tobacco policies.*
- **117 multi-unit properties** in Bloomington, Edina and Richfield are smoke-free.*
- **14,500 students** in Bloomington and Richfield schools have support to promote and protect health, well-being and ability to learn from updated school district well-ness policies for healthy eating and physical activity.*
- **All visitors to City of Bloomington facilities** with concessions have healthier food options due to a City Nutrition Policy. A Tobacco Policy protects all visitors to City facilities and grounds from tobacco fumes.*



Healthier food choice at Dwan Golf Course

*Made possible through support from the Statewide Health Improvement Program, Minnesota Department of Health

⚙️ Promote



"I was very sad because a lot of my friends are dying and I didn't realize how much it affected me."

We are here to act on their behalf—to locate assistance and resources that will help them get their lives back.

One of our nurses found an elderly lady, Dorothy, living alone in her home with two feet of garbage in the kitchen. There was clutter, garbage and pet feces and urine throughout the house. There was no working plumbing in the bathrooms, and water had not been used in the last three months.

We want our elderly community members to be well-cared for and live with dignity. However, when they become isolated and out of touch with the rest of the world like Dorothy, it is easy for life to get out of hand. Day-to-day living can become unmanageable. Physical and mental health can deteriorate. We are here to act on their behalf—to locate assistance and resources that will help them get their lives back. That is what happened for Dorothy after that first visit our nurse made along with the Richfield Code Enforcement Officer and City Code Inspector.

Dorothy had very swollen legs and could barely walk. She appeared confused when our nurse asked some basic questions. An ambulance took Dorothy to the hospital after the Emergency Services Technician arrived and determined she needed medical attention. When Dorothy's condition was stable, she transferred to a transitional care facility. Our nurse visited Dorothy at the care facility along with the facility's social worker. Our nurse provided Dorothy with resources to get her home cleaned and repaired.

When our nurse visited with Dorothy at the care facility, Dorothy told our nurse she started taking medication for depression and heart problems. Our nurse noted how Dorothy appeared very clear in her thinking at that time. Dorothy said, "I was very sad because a lot of my friends are dying and I didn't realize how much it affected me."

Dorothy hired a professional cleaning service, had her plumbing restored and after several weeks returned to her home. Dorothy won't be alone and isolated any longer. Our nurse will continue to make visits and offer support and resources. Best of all, Dorothy got her life back.

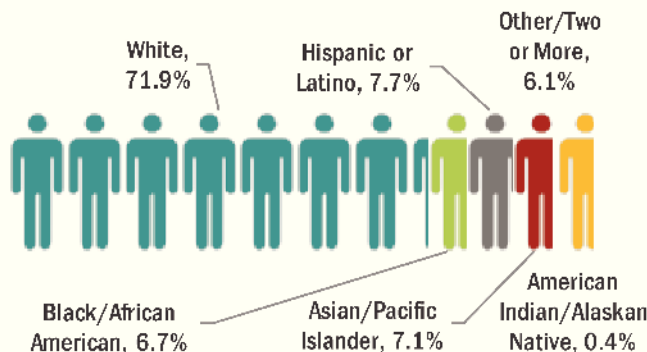
To protect this woman's identity, we did not use her real name and image for this story.



COMMUNITY SNAPSHOT

More than one quarter of our residents are a racial/ethnic minority.

Race and Ethnicity Distribution*



*Based on combined population data from Bureau of Census for Bloomington, Edina and Richfield, 2011-2013



A SOLUTION

Help mothers breastfeed to protect their babies' health.

The cells, hormones, and antibodies in breastmilk protect babies from illness and disease, including asthma, type 2 diabetes, sudden infant death syndrome and others. Our breastfeeding peer counselor program has received statewide recognition for achieving breastfeeding initiation rates that surpass national goals. Because the program decreases differences in breastfeeding rates between racial and ethnic groups, it promotes health equity in our community.



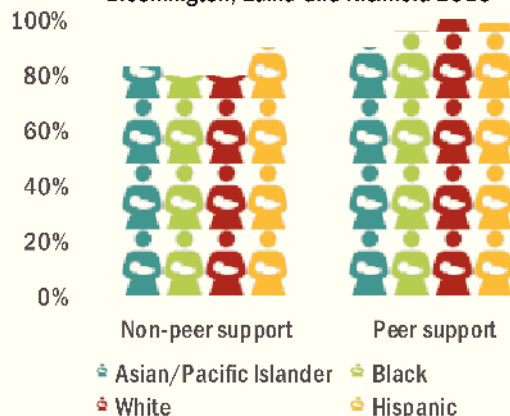
A CHALLENGE

Protect minority residents from health threats that contribute to health inequity.

Low birth weight is a health threat that contributes to health inequity in our community. Low birth weight causes infant deaths and health and developmental complications. Mothers from a racial/ethnic minority are more likely to have low birth weight babies. Black/African American mothers are almost two times more likely to have a low birth weight baby than White mothers (Minnesota Department of Health, 2010-2014).

Peer breastfeeding support decreases differences between racial/ethnic groups.

Breastfeeding Initiation in WIC Program
Bloomington, Edina and Richfield 2013



OUTCOMES IN “PROTECT”

- **4 out of 301 women**, who were screened for breast cancer at **Sage Clinic** because they did not have adequate health insurance, learned they had breast cancer. Sage staff helped them find resources for treatment.
- Bloomington has **3,500 residents** trained in Anytime CPR, has located **126** automated electronic defibrillators in public facilities and has met criteria related to recognizing, caring for and protecting sudden cardiac arrest victims in order to receive Heart Safe Community designation in 2015.
- Trained nearly **20 area Somali residents** for CERT (Community Emergency Response Team). CERT training provided them with basic skills to protect and respond to urgent needs of their community after a disaster.



Sage Clinic

“I want to thank everyone at Sage Clinic for their help and service. You made the process of enrolling in the program so very easy. Everyone at the clinic is unbelievably caring and comforting. I am proud to say that I have been cancer free for several years. I am so grateful to have a program like yours that is available to women who are uninsured.”

“I am very grateful for the services at Sage Women’s Clinic. Without insurance, it is a nightmare to be seen for these services. This program is a blessing.”

“Wonderful staff and great service. What a wonderful experience. Thank you so very much!”

Three Sage Clinic clients



Breastfeeding peer counselors and families in the program gather yearly during World Breastfeeding Week, August 1-7, to celebrate.



Protect



The poster features the Edina logo at the top, which includes three stylized icons: a shoe, a road, and a wheel. Below the logo is the text "edina" in a script font, followed by a series of right-pointing chevrons and the words "STREET SMARTS" in large, bold, black capital letters. In the top right corner is the official seal of the City of Edina, Minnesota. A large orange banner in the center contains the text "SHOW THE RIGHT BEHAVIOR" in white, bold, sans-serif capital letters, with the subtitle "Watch for other street users when making right" in a smaller white font below it. Below the banner, the text "Get more tips for Motorists, Bicyclists and Pedestrians at www.EdinaMN.gov." is displayed. At the bottom left is the logo for Tri-City Partners for Healthy Communities, which includes the names of the three cities: richfield, edina, and bloomington. At the bottom right is the logo for edina living streets, which features a circular graphic with green and blue elements and the tagline "our streets connect us all". A light blue footer at the very bottom states: "Made possible through support from the Statewide Health Improvement Program, Minnesota Department of Health."

edina STREET SMARTS

SHOW THE RIGHT BEHAVIOR
Watch for other street users when making right

Get more tips for Motorists, Bicyclists and Pedestrians
at www.EdinaMN.gov.

Tri-City Partners
for Healthy Communities
richfield edina bloomington

edina living streets
our streets connect us all

Made possible through support from the Statewide Health Improvement Program, Minnesota Department of Health.

City officials heard about residents' safety concerns and how some bicyclists were not following the rules of the road.

Community outreach focuses on safety and respect for bikers, walkers and motorists

Safety on Edina roads and walkways is a concern among the city's leaders and residents. Added sidewalks and bike facilities offer more opportunities for healthy living, yet as more bikers, walkers and motorists mix, it became necessary to educate people on safety and the rules of the road.

CHALLENGE

Edina recently added pathways for bicyclists and pedestrians. A result was that safety issues became more obvious to residents. City officials heard about residents' safety concerns and how some bicyclists were not following the rules of the road.

SOLUTION

Responding to concerns, staff from the city's Engineering, Police, Communications and Administration offices teamed up to plan "Edina Street Smarts," a street safety/education campaign. The effort received support from SHIP.

The planning team based "Edina Street Smarts" on Edina's needs and research of similar successful campaigns around the country. "Edina Street Smarts" was in effect from spring through fall 2015 and may be repeated. It consisted of eight monthly educational messages throughout Edina. The campaign used the city's website and social media, press releases, newspaper ads, YouTube videos and posters at city facilities and local businesses.

RESULTS

The campaign aimed to improve safety and raise awareness about the need for safe behaviors by drivers, pedestrians and bicyclists. Residents reported that they saw the messages and were satisfied with the results.

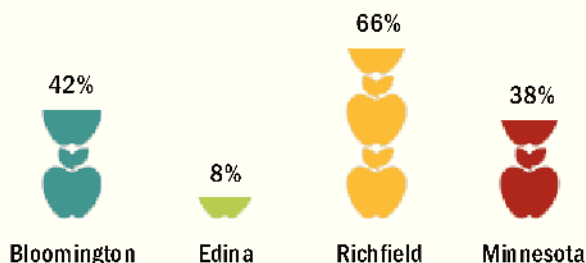
The Division of Public Health's work with the City of Edina continued when it helped plan and execute Edina's first Open Streets event on September 27, 2015. Open Streets events are increasing in popularity and are viewed as a way to promote health and wellness, active transportation, local business and community building. More than 9,000 people and 80 vendors participated in the Edina event. Participants rode bikes, walked, scootered, rollerbladed, danced and skipped down a one-mile stretch of West 50th Street from Browndale Avenue in Edina to Beard Avenue in Minneapolis.



COMMUNITY SNAPSHOT

Compared to MN, a greater percentage of local families with children are eligible for food help.

Students Enrolled in Free or Reduced Lunch
PreK thru 12th Grade 2014-2015



A SOLUTION

Use practices with proven results

All of our services use evidence-based practices. For example, we provide the WIC (Women, Infants and Children) program to low-income families during pregnancy and early childhood. WIC provides nutritious foods and nutrition counseling at a critical stage for optimal growth and development. It has proven to decrease low birth weights and pre-term births. It helps women succeed at breastfeeding and gives children a healthy start in life.



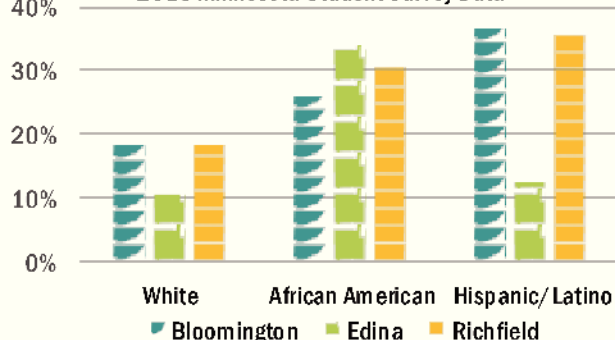
A CHALLENGE

Reduce the impact of low income and other conditions related to health inequities in order to improve physical and mental health

Studies show us that low income and health problems such as obesity go hand in hand, but they don't have to. This creates health inequity in our community and is something we must work to end.

Obesity is more prevalent in Black/African American and Hispanic/Latino residents.

Obese/Overweight by Race and Ethnicity
2013 Minnesota Student Survey Data





School Breakfast Study (Photo credit: Westwood Elementary School)

School Breakfast Study

"Some of our teachers said children were coming to school without breakfast and asking when their next meal would be. Undernourished children often have low energy, are irritable and have difficulty concentrating. We wanted to do something that could make a difference for these students." *Westwood Elementary Principal, Carolyn Hartwigsen*

"I did have one student who would "save" food to take home to share with his mom and grandma. If he saw kids going to the trash can with an uneaten apple, he would politely ask if he could have it. This one child and how he benefited from having breakfast (in the classroom) daily made this whole project worthwhile." *Westwood Elementary Teacher*



OUTCOMES IN "IMPROVE"

- Completed a SHIP-funded **School Breakfast Study** with **60 elementary school students** that demonstrated the importance of school breakfast to reduce absence and tardiness and improve classroom behavior.
- **24,800 Latino/Hispanic and Black/African American community members** have access to a variety of culturally appropriate wellness opportunities through cultural health hubs that will improve health.
- **51 Healthy Families America participants** demonstrated success at fostering healthy childhood development which will improve their future potential.
- **90 percent of pregnant women** on our Women, Infants and Children program breastfeed their babies, which is greater than the State rate of 81 percent. Breastfeeding provides proven health benefits.



WIC Peer Breastfeeding Program participant. Breastfeeding is an infant feeding best practice.

↑ Improve



"I think we are starting to get the hang of it and my son is happier for it!"

“I feel I am a better mom to my son because of it.”

“Thank you for providing this (Healthy Families America*) service. I feel I am a better mom to my son because of it. With each visit, my nurse leaves me with something new to think about, experiment with or just plain old tells me I am doing something right.

She knew when to pick up the phone for me when I needed extra help with postpartum depression and breastfeeding and helped me understand that I was not alone in my feelings as a new mom. She is excited to see my son each and every visit and makes us feel special! I love learning new ways to gently help my son learn a new skill and the weekly reminders to help me work on my goals with him.

She has been my cheerleader and one of my support people for when I feel sad, anxious and judged by others for my parenting decisions. I know my son better with each visit because of the information on his cues, wants and needs. We are currently working on reading his nap time cues and trying to find a routine of play, sleep and eat. As easy as that sounds, it is all new to me. I think we are starting to get the hang of it and my son is happier for it!”

Anonymous Bloomington, Edina, Richfield Healthy Families America Participant

**Bloomington Public Health data from 2015 show significant success at promoting healthy childhood development for children enrolled in this evidence-based, accredited, home-visiting program.*

Behind the Scenes

Accreditation

We recently joined the 151 of local public health agencies in the nation that are accredited. We are one of seven in Minnesota that is accredited.

Accreditation was a great way for us to benchmark our work against a set of national standards. Doing so also allowed us to improve our internal processes and deepen the role of quality improvement and performance management in our agency.

As we look back on the work it took to get to this point, we are excited about the revamped foundation for continued agency growth. We have learned more about our strengths and weaknesses, have a process for continuous improvement and stronger connections with all of our stakeholders.

We could not have gotten to this point without the hard work of our staff and our stakeholders! Our work does not end here; we will be doing annual reports to the Public Health Accreditation Board (PHAB) and going through reaccreditation every five years.



Strategic Plan And Performance Management

20

We identified and prioritized 20 **strategies** for achieving Strategic Plan goals.*

11

We developed 11 **performance measures** to track the Division's progress in achieving the prioritized goals.

7/11

Of 11 performance measures, 7 are **currently meeting** our performance standards.

3/11

Three of the 11 measures are **developing a baseline**.

1/11

One measure is **nearing our performance target**. For this measure we tracked our progress in moving to an electronic record vs. a paper record for one of our quarterly assessments.

1

Our performance management system continues to develop and will be producing **our first performance management report** in October 2016.

*Strategic Plan 2013—2018 Goals



Strengthen efficient and effective **day-to-day operations**.



Ensure a competent **workforce that has the capacity to accomplish** the Division's mission.



Improve systems to **demonstrate and measure outcomes**.



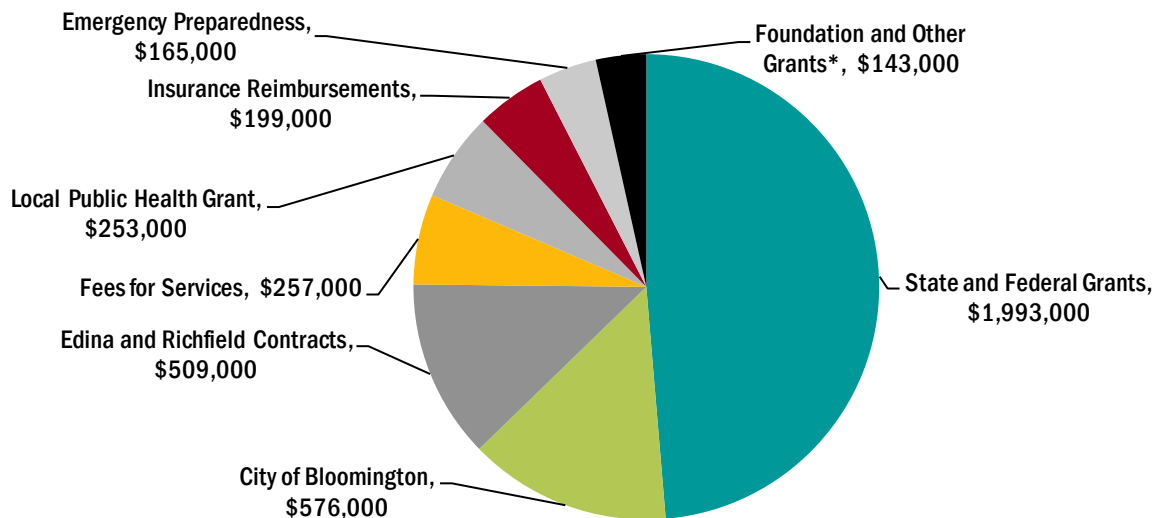
Increase the Division's ability to **effectively engage the community**.



Ensure sustainable, **adequate public health funding**.

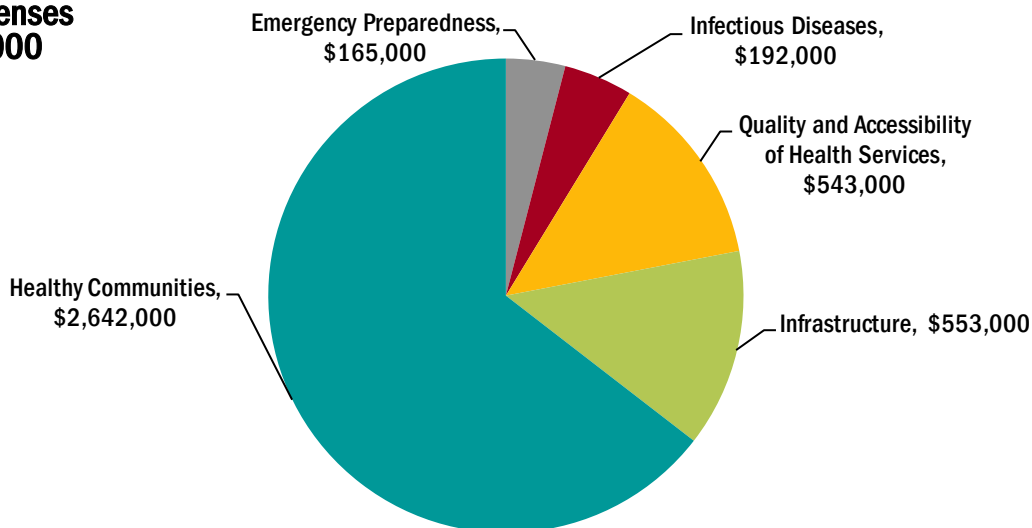
2015 Financials

Total Revenue \$4,095,000



*Includes Greater Twin Cities United Way, UCare Fund, Health Partners and Allina

Total Expenses \$4,095,000

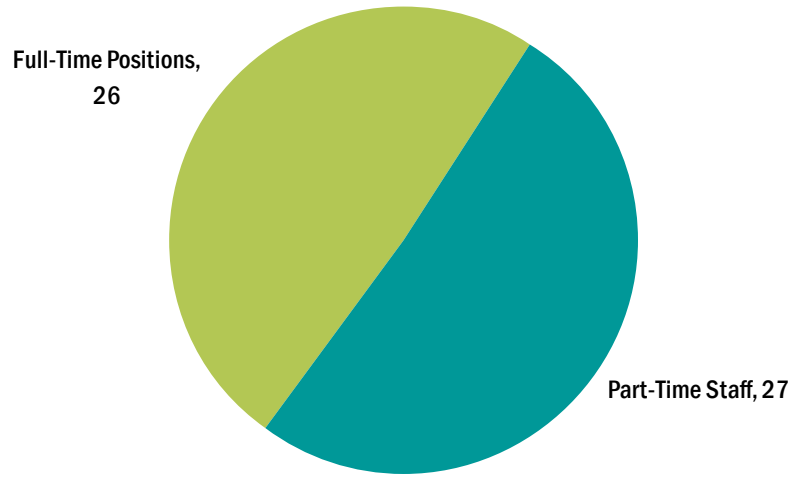


2015 Staffing

Distribution of Employees

53 Staff

38 Full-Time Equivalents



Public Health Division Employees

- | | |
|--------------------------------|--|
| 1 Administrator | 2 Translators/Community Resource Specialists |
| 1 Assistant Administrator | 1 Communications & Health Promotion Specialist |
| 3 Program Managers | 1 Public Health Planner |
| 17 Public Health Nurses | 1 Accountant |
| 1 Registered Nurse | 1 Account Clerk |
| 2 Nurse Practitioners | 1 Office Supervisor |
| 6 Dietitians | 1 Office Support Specialist |
| 5 Health Promotion Specialists | 3 Office Assistants |
| 1 Speech/Language Pathologist | 5 Peer Breastfeeding Counselors |

Contracted Health Professionals

- 2 Physicians

2015 Service Numbers

ASSURING QUALITY AND ACCESSIBILITY 2015

WOMEN'S BREAST AND CERVICAL CANCER SCREENING

Sage Program for uninsured and under-insured women age 40 and older.

clients

Bloomington Edina Richfield Other Cities

58

19

18

301

WIC (WOMEN, INFANTS, AND CHILDREN)

For nutritionally at-risk pregnant and breastfeeding women and children up to five years of age. Provides nutrition education, food vouchers, and breastfeeding support and counseling.

clients

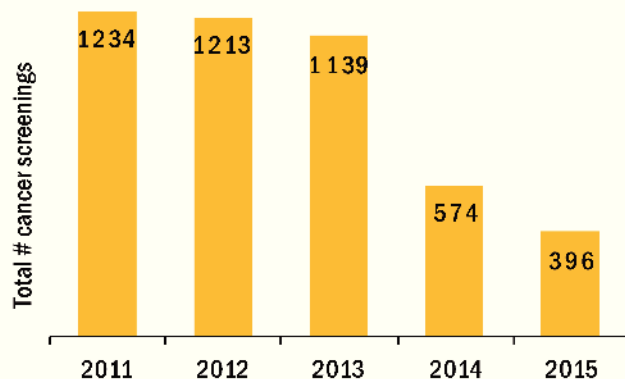
2335

335

1465

NA

Breast and Cervical Cancer Screening



Women still need Sage Program services

Fewer women sought Sage Program services once the Affordable Care Act was implemented. As a result, the Sage Clinic at Southdale Medical center had to shut down. However, there are women in our community who still depend on these free breast and cervical cancer screenings. Bloomington Public Health decided it must continue providing services to these women by relocating to the Public Health Center in 2016 .

IMPROVING THE HEALTH OF FAMILIES 2015

		Bloomington	Edina	Richfield	Eden Prairie
SCHOOL HEALTH SERVICES					
• HEAD START Child health and developmental screening.	<i># screenings</i>	50	12	78	NA
• SOUTH EDUCATION CENTER ALTERNATIVE On-site school visits with families and monthly childcare consultations.		26 families/36 clients 129 visits			
• FAMILY LITERACY ACADEMY Nurses teach immigrant families how to navigate systems such as healthcare, schools and community resources.	<i># clients/ # visits</i>	46/10	NA	40/10	NA
CHILD CARE CENTER/CONSULTATIONS Monthly health and safety consultations with daycare center staff and directors. <i>Discontinued after January except at SECA in Richfield.</i>	<i># visits/ # centers</i>	NA	NA	10/1	NA
HELP ME GROW SOUTH HENNEPIN Families with concerns about their children's (age 0-3 years) development can access resources for help so children are ready for kindergarten. Nurses assist families through the process and collaborate with Bloomington, Edina, Richfield and Eden Prairie school districts. <i>(Edina contract ended June 30, 2015.)</i>	<i># referrals/ # visits</i>	181/ 354	35/ 86	81/ 116	154/ 273
FOLLOW-ALONG PROGRAM Helps parents know if their children's (age 0-3 years) development (playing, talking, laughing, moving, growing) is age-appropriate through periodic questionnaires.	<i># children enrolled</i>	209	62	138	55
VISITS TO FAMILIES					
• PUBLIC HEALTH NURSE HOME VISITS Visits made for pregnancy, post-partum and newborn care, child development, parenting concerns and help with community resources.	<i># clients/ # visits</i>	221/ 656	33/ 48	168/ 422	NA
• INTENSIVE PUBLIC HEALTH NURSE HOME VISITS Visits to at-risk families, post-partum and newborn care.	<i># clients/ # visits</i>	52/ 579	8/ 138	51/ 682	NA
• BIRTH CERTIFICATE FOLLOW-UP Information provided to families with new babies. Invited to enroll in Follow-Along Program. Home visits offered.	<i># newborns</i>	750	356	468	NA
• COMMUNITY RESOURCE SPECIALIST Bilingual, Spanish-speaking staff provide resources to families.	<i># home visits</i>	547	122	692	104
FAMILY SUPPORT PROGRAM Nurses review police reports to assure families and individuals are linked with needed resources and healthcare. Program funded by United Way.	<i># reports reviewed</i>	303	138	6	NA

PROMOTING HEALTH IN THE COMMUNITY 2015

		Bloomington and other cities	Edina	Richfield
CLASSES AND OUTREACH				
<i>Directed to students.</i> Information on preventing tobacco, drug and alcohol use; early sexual activity; teen pregnancy; sexually transmitted infections and other risk behaviors. Healthy behaviors, such as increasing physical activity and healthy nutrition, are promoted.	<i># student attendees</i>	2805	812	217
EDUCATIONAL PRESENTATIONS				
<i>Directed to parents, adults, community members.</i> Information on healthy behaviors, asset building, limit setting, alcohol, tobacco, other drugs and laws involving youth.	<i># attendees</i>	763	188	198
CAR SEATS				
Nationally certified child passenger safety technicians provide car seats and education to assure proper use by parents and children.	<i># car seats provided</i>	89	5	27

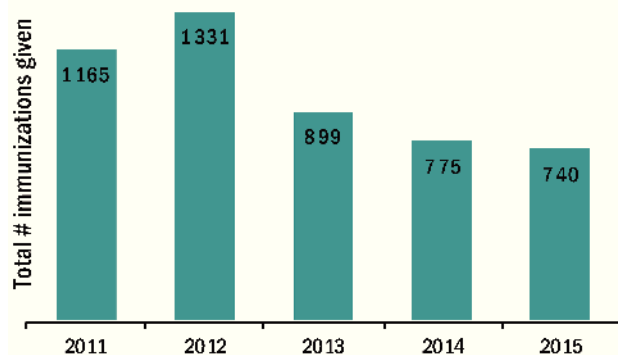
IMPROVING THE HEALTH OF SENIORS 2015

		Bloomington	Edina	Richfield
TALK WITH THE NURSE /SENIOR HEALTH PROMOTION				
Sessions held at community locations provide one-on-one consultation with a Public Health Nurse. "Talks" include issues such as blood pressure, healthy living tips, medication review, safety, active aging, community resources and staying independent.	<i># clients/ # visits</i>	211/ 1000	39/ 131	67/ 272
HIGH-RISK HOME ASSESSMENT				
Public Health Nurses assess physical, psychosocial, and environmental risk factors and provide referrals, consultation, education and advocacy for vulnerable seniors.	<i># clients/ # visits</i>	93/ 275	62/ 130	8/ 53
HEARING SCREENINGS FOR SENIORS				
Public Health Nurses offer hearing screening for seniors in conjunction with blood pressure checks.	<i># screenings</i>	6	32	NA

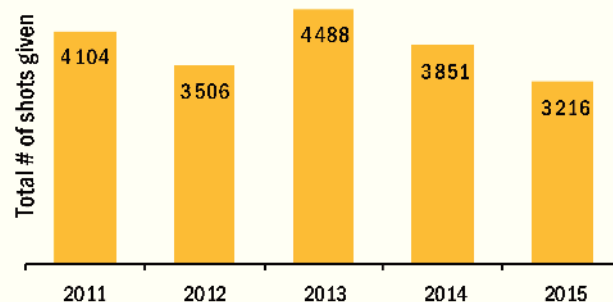
PREVENTING INFECTIOUS DISEASE 2015

		Bloomington	Edina	Richfield	Other Cities
INFLUENZA					
Flu shots for adults and children administered on- and off-site.	<i># seasonal flu shots</i>	2083	686	322	125
CHILDHOOD IMMUNIZATIONS (0-18 YEARS)					
Immunizations for tetanus, diphtheria, pertussis, measles, mumps, rubella, hepatitis B, polio, Hib, varicella and pneumococcal disease.	<i># clients/ # shots</i>	78/ 236	17/ 43	19/ 67	51/ 157
ADULT IMMUNIZATIONS					
Immunizations for tetanus, hepatitis B, hepatitis A, polio and pneumococcal disease.	<i># clients/ # shots</i>	40 93	10 30	6 23	33 91
MANTOUX					
Tuberculosis testing for employers, employees, students, immigrants and job seekers.	<i># tests</i>	136	7	11	106

Immunizations

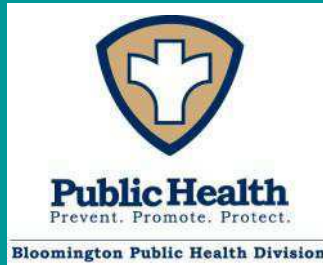


Influenza



We fill the gaps in protection from infectious disease

Fewer people are coming to the Public Health Center for immunizations, yet many people still need this service. Public Health remains a “safety net” for those who have no other resources for immunizations. We provide a greater number of flu shots because we partner with schools, senior centers and other community organizations yearly to enable a greater level of community protection. All community members 6 months of age and older need yearly flu shots.



Who We Are

Our agency originated in 1948 to provide school nursing services. In 1960 we were established as a community-based public health division for the City of Bloomington. Beginning in 1977, our services have been contracted by the cities of Richfield and Edina.

We have been providing health services and programs for people who live, work and play in Bloomington.

Mission

TO PROMOTE, PROTECT and IMPROVE
the health of our community

Bloomington Public Health · 1900 W. Old Shakopee Road · Bloomington, MN 55431
(952) 563-8900 · V/TTY 952-563-8900 · publichealth@BloomingtonMN.gov
www.BloomingtonMN.gov/publichealth





Agenda Item

Originator
Public Health

Item
Public Health Division's 2017 Business Plan

Date
9/27/2016

Attachments:

Public Health Division's 2017 Business Plan
2017 Business Plan Presentation



Public Health Division 2017 Business Plan



Public Health
Prevent. Promote. Protect.

Contents

City of Bloomington Strategic Priorities	2
Public Health Division Overview.....	2
Data about the Community we serve in Bloomington	4
Public Health Division Goals from 2016 Business Plan	7
Public Health Division Work Plan in Support of City Council Priorities	8
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Public Health Division Goals and Outcomes from 2016 Business Plan	13

City of Bloomington Strategic Priorities

City Council Strategic Priorities	Public Health Division Focus
Community Image	Highlighting positive stories and partnerships that improve the health of Bloomington
Focused Renewal	Equitable investments to improve community health
Inclusion and Equity	Ensuring all of Bloomington is represented in our work
Environmental Sustainability	Responsible stewardship of resources
High Quality Service Delivery	Providing exceptional service to our residents
Community Amenities – Maintain and Expand	Supporting the use of community amenities to improve community health

Public Health Division Overview

Mission Statement:

To promote, protect and improve the health of our community.

Vision Statement:

We are trusted and valued public health experts and leaders committed to a healthy community for everyone.

As a Community Health Board, the City of Bloomington receives state and federal dollars as well as property tax dollars, fees and insurance reimbursement to promote, protect and improve the health and well-being of its residents. The Public Health (PH) Division is responsible for “administration and implementation of programs and services to address the areas of public health responsibility” as defined in the Local Public Health Act (Chapter 145A of Minnesota Statutes). There are six areas of public health responsibility and their primary corresponding budget codes:

1. Assure an adequate public health infrastructure.
 - a. Admin and Planning (160204), DP&C (160206), Community Health & Safety (160201), Family Health (160202), WIC (160207), Health Promotion (160205), SHIP (260265)
2. Promote healthy communities and healthy behaviors
 - a. Health Promotion (160205), SHIP (260265), Admin and Planning (160204), Community Health & Safety (160201), Family Health (160202), WIC (160207), Senior Health (160203)
3. Prevent the spread of communicable disease
 - a. Disease Prevention and Control [DP&C] (160206) and Emergency Preparedness [EP] (260261)
4. Protect against environmental health hazards
 - a. Primarily the responsibility of the Environmental Health Division.

- b. Senior Health (160203) does support work on nuisance properties
- 5. Prepare for and respond to emergencies
 - a. Emergency Preparedness (260261) and Admin and Planning (160204)
- 6. Assuring health services.
 - a. Sage (260250), WIC (160207), TANF (260254), MIECHV2 (260256), Family Health (160202), Community Health & Safety (160201), Senior Health (160203)

Data about the Community we serve in Bloomington¹

Figure 1: Selected Poverty Data for Bloomington

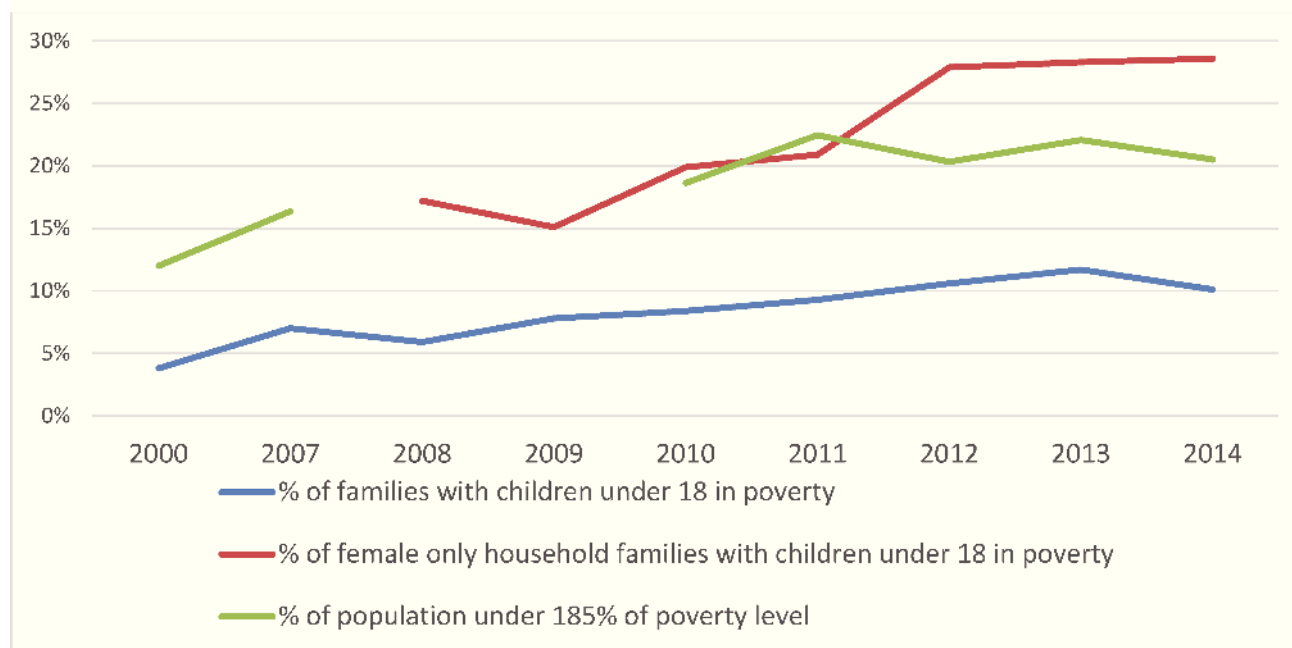
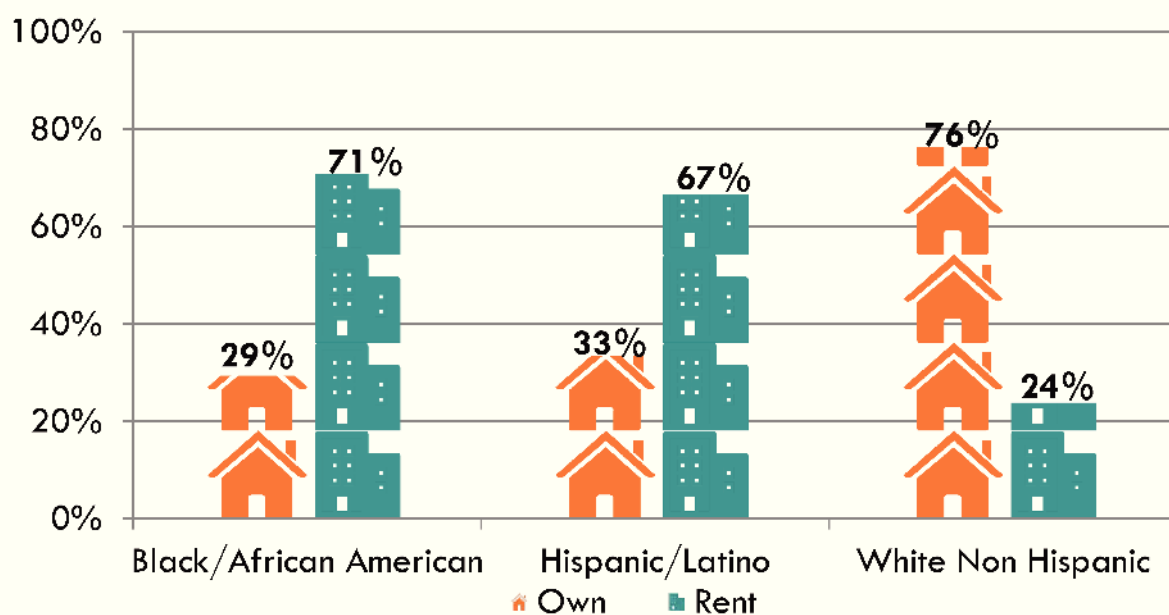
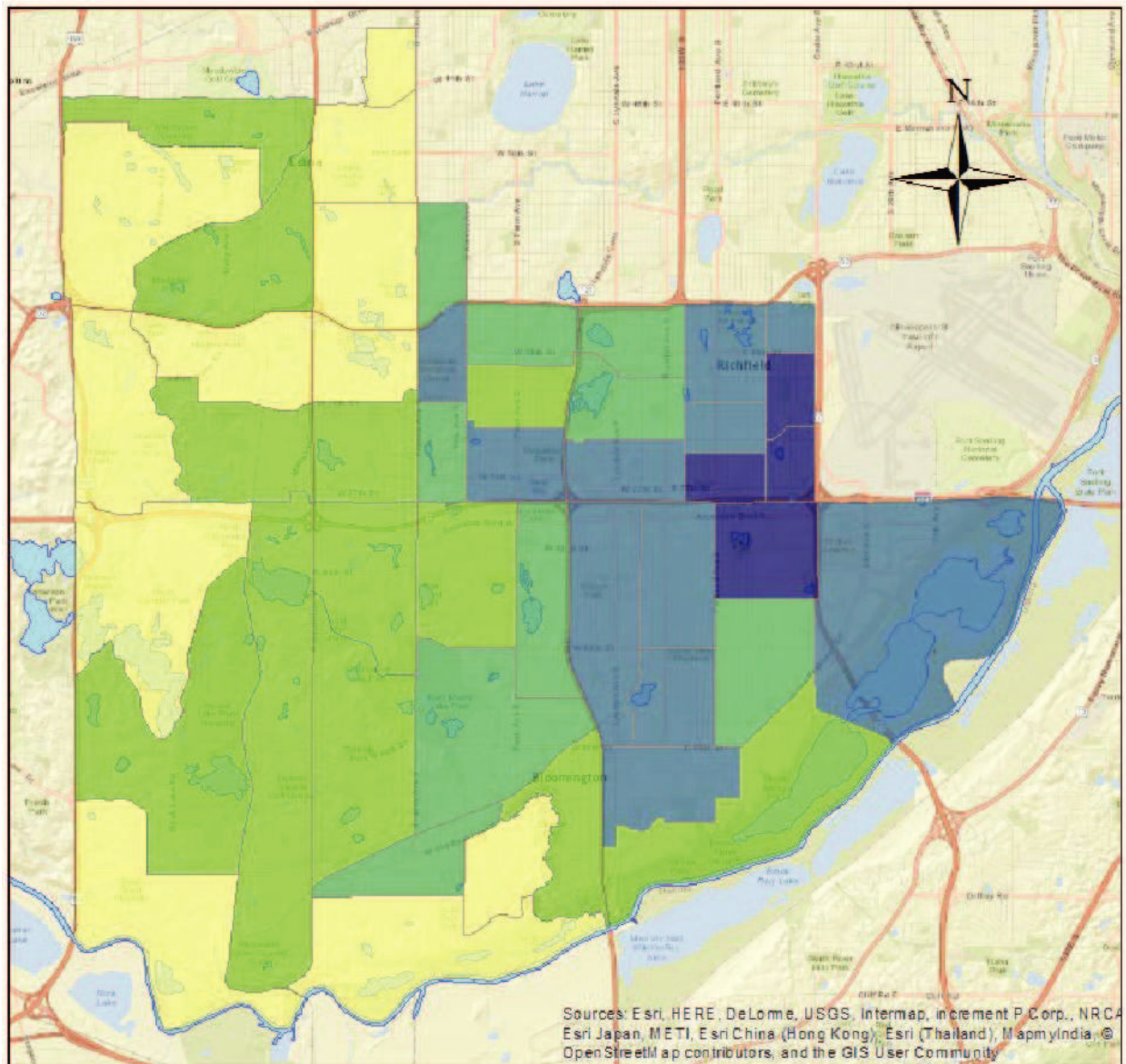


Figure 2: Homeownership and Rental Rates by Race in Bloomington, Edina and Richfield



¹ Data is from the US Census and American Community Survey unless otherwise noted

Figure 3: Percent of Total Population Living at and Below 185% of the Federal Poverty Level in Bloomington, Edina and Richfield



Legend

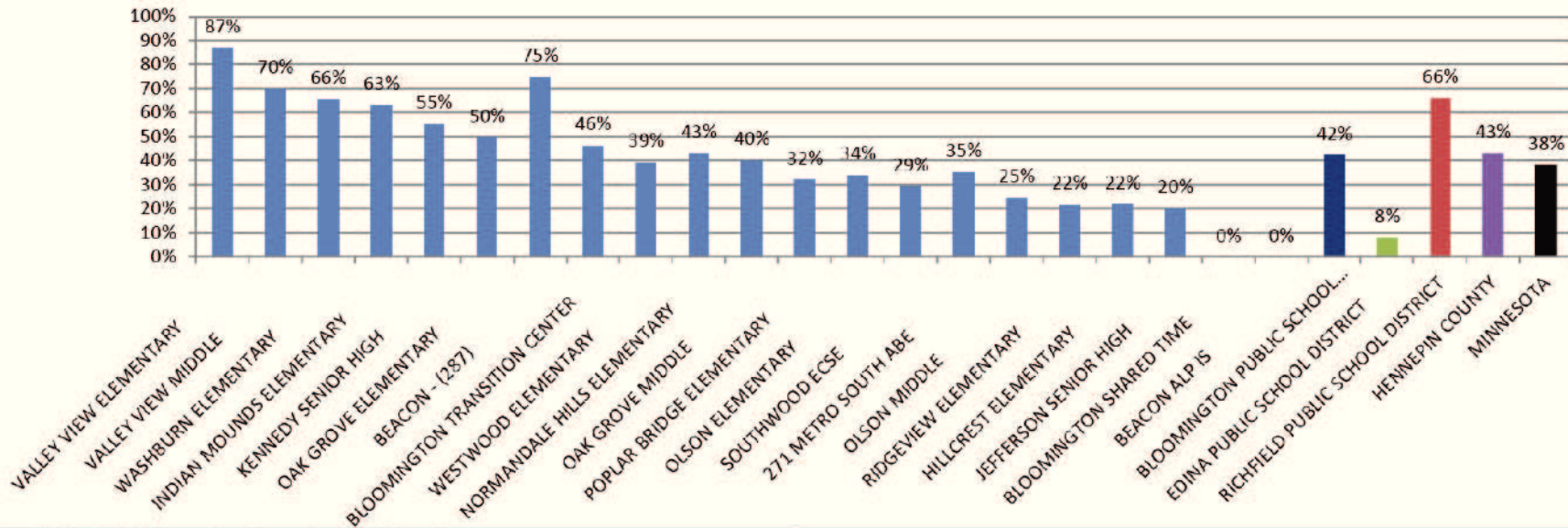
Bloomington, Edina and Richfield

Percent of Total Population Living at 185% and Below Poverty

- Less than 10%
- 10%-20%
- 20%-30%
- 30%-40%
- 40% and Greater

0 0.75 1.5 3 Miles

Percent of Students Enrolled in Free or Reduced Lunch PreK thru 12th Grade 2014-2015



Data from the Minnesota Department of Education

One of the most predictive indicators of the health of an individual and a community is income.² Your socioeconomic status is the primary driver for your health as an individual and that of your community. These impacts are cumulative throughout your life.³ Our community is changing and the complexity of the public health issues are increasing.

² <http://www.health.state.mn.us/divs/opa/2014incomcandhealth.pdf>

³ Halfon et al. Matern Child Health J. 2014 Feb;18(2):344-65

Public Health Division Goals from 2016 Business Plan

2016 Goals			
Evaluate our division's performance against the Public Health Accreditation Board's nationally recognized evidence-based standards			
Deepen the culture of quality improvement and performance management. Work on internalizing equity within our division to better serve our clients			
Cultivate new funding streams			
Implement Statewide Health Improvement Program Initiative strategies			
Promote healthy pregnancy outcomes			
Prevent the spread of infectious diseases through immunization, investigations, consultations and training			
Provide client education on methods to decrease exposure to lead, as well as medical follow-up requirements, to 100% of parents of children referred for an elevated blood lead level			
Provide home assessment to 90% of residents who have been referred for asthma follow-up			
Improve PH's ability to respond to a public health emergency			
Ensure accessible, quality care			
Key:	Completed	Partial Met	Did not complete

Details about each goal and the outcomes can be found on page 13.

Public Health Division Work Plan in Support of City Council Priorities

The Public Health Division is responsible for “administration and implementation of programs and services to address the areas of public health responsibility” as defined in the Local Public Health Act (Chapter 145A of Minnesota Statutes). There are six areas of public health responsibility:

1. Assure an adequate public health infrastructure.
2. Promote healthy communities and healthy behaviors
3. Prevent the spread of communicable disease
4. Protect against environmental health hazards
5. Prepare for and respond to emergencies
6. Assuring health services.

All the work the division does is focused around these six areas of public health responsibility. Each of our grants and contracts provide deliverables and timetables to assure components of these areas of public health responsibility. We structured this business plan with those requirements in mind, focusing on how that work and our tax support will help support the six City Council Strategic Priorities.

Protecting against environmental health hazards is primarily the responsibility of the Environmental Health Division. Public Health supports that work by focusing on the health of the individuals living in properties identified as nuisance properties.

Community Image

Highlighting positive stories and partnerships that improve the health of Bloomington

Goal: Become a nationally accredited public health agency in 2016.

Outcome: Recognition that services provided in the City meet or exceed national standards.

Impact: Improved understanding of the role public health has in ensuring a health community and that we are nationally recognized for that work.

Goal: Share stories of success with the community in support of One Bloomington.

Outcome: At least three additional stories shared broadly in 2017, coordination with communications, to tell success stories involving community partners.

Impact: Increased recognition of community partners role in the One Bloomington image.

Goal: In 2017 improve the utilization of the breastfeeding/diaper changing tent at community events in support of a family friendly one Bloomington.

Outcome: Increase usage tent for feeding children and changing diapers over 2016 numbers.

Impact: Increased recognition of Bloomington sponsored community events supporting young families.

Focused Renewal

Equitable investments to improve community health

Goal: Maintain active participation in the Development Review Committee.

Outcome: Ensure that health impacts of development are taken into consideration.

Impact: Recognition of how development contributes to the health of a community and its residents.

Goal: Maintain active participation in 2040 planning efforts in coordination with Community Development.

Outcome: Ensure that health impacts and equity continue to be a focus in comprehensive planning.

Impact: Continued recognition of City planning efforts being a leader in the metro⁴.

Inclusion and Equity

Ensuring all of Bloomington is represented in our work

Goal: Develop our Divisions first health equity report, which will examine the health disparities that exist in Bloomington by race and socioeconomic status in 2017.

Outcome: A report developed in partnership with community that identifies health disparities.

Impact: Community ownership of their health information, which will help facilitate changes for improved health status.

Goal: By the end of 2017, have all PH division staff complete the Intercultural Development Inventory, through a pilot project with the Minnesota Department of Health.

Outcome: Understanding of the division's cultural competencies.

Impact: Will allow for tailored training of staff to improve our divisions cultural competencies.

Goal: Improve our ability to reach all residents that require our services

Outcome: Review our service delivery in light of health equity report.

Impact: Improved service delivery to at-risk populations.

⁴ The Minnesota Department of Health (MDH) noted that Bloomington met 9 out of the 11 health indicators they evaluated in the 2030 comprehensive plan. MDH evaluated 53 comprehensive plans in the metro and Bloomington was one of the 6 communities that had 9 or more measures met.
<http://www.health.state.mn.us/topics/places/docs/reportone.pdf>

Environmental Sustainability**Responsible stewardship of resources**

Goal: Maintain WIC vouchers support for farmer's market purchases.

Outcome: Ensure that low-income residents have access to environmentally sustainable fresh foods.

Impact: Increased utilization of fresh food by low-income residents.

Goal: Support policies encouraging alternative transportation within the city, such as biking, walking and public transit.

Outcome: Improved residential usage of alternative transportation.

Impact: Improved health status and reduced fossil fuel consumption.

High Quality Service Delivery**Providing exceptional service to our residents**

Goal: In 2016 revamp the division's customer satisfaction evaluation process and evaluate it during 2017.

Outcome: Streamlined customer satisfaction tool and increased customer feedback utilization in our performance management system.

Impact: Will allow for customer data to impact our practices, thus improving our service delivery.

Goal: Improve service outcomes as tracked by performance management system.

Outcome: The division will provide its first performance management report to the Advisory Board of Health in October.

Impact: Reporting on our performance measures will help improve our service outcomes and our accountability to the community.

**Community Amenities –
Maintain and Expand****Supporting the use of community amenities to improve
community health**

Goal: Sustain core public health services to community.

Outcome: Maintain or improve the health status of our community as measured through our community health assessments and performance management system.

Impact: A healthy community is a community that is more likely to use community amenities, be engaged, a productive workforce, and thriving schools.

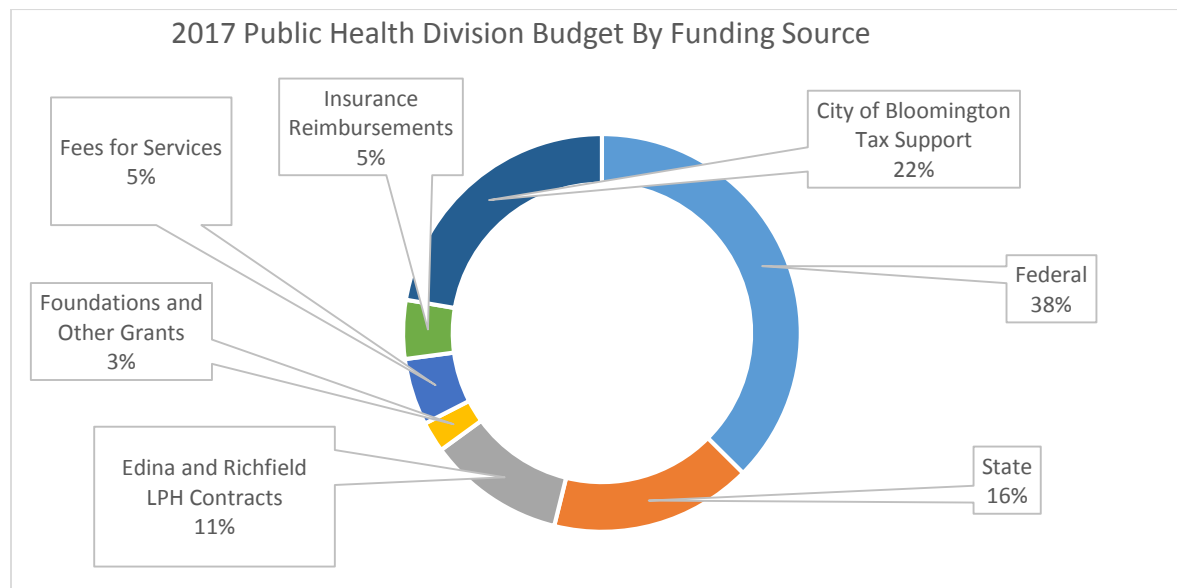
Goal: Continue to actively support work within the City on health in all policies.

Outcome: Actively collaborate with other City divisions and departments to maintain support of health in all policies approach.

Impact: When policies incorporate health, it is the most cost effective way to improve population health.

Budget⁵

The 2017 budget is \$4,110,785 and the 2018 projected budget is \$4,231,087. The budget is broken down by primary funding stream below.



The majority (78%) of the division budget is based on grant, contract, or fee based mandated spending. These funding streams provide some support for administrative and support staff and infrastructure to allow PH to function; however, this support is fixed. Historically PH has used City of Bloomington property tax support funds to enable our staff to increase the number of clients we serve beyond what our grants or contracts will support and to cover the remaining costs associated with administrative and support staff and infrastructure. As fixed costs increase, this requires PH to use less City of Bloomington tax support funds for clients. This puts vulnerable adults and seniors and high-risk mothers and infants at risk when we are not able to offer preventative services, which are significantly cheaper than emergency services.

The Public Health Division continues to provide exceptional service and a strong return on tax dollar investment for the residents of Bloomington. Based on the 2017 proposed budget, City of Bloomington tax support funds would make up 22% of the Public Health Division's total budget with a per capita expense of \$10.80. Bloomington continues to provide services well below the metro area average of 39% and state average of 32% for tax levy funding of community health systems.⁶

⁵ The PH Budget includes both general and special revenue. Our work and staffing in every project area relies on funding in both.

⁶ http://www.health.state.mn.us/ppmrs/library/docs/2014_finance.pdf

Table 1: Ten Year Budget History

	2008	2009	2010	2011	2012	2013	2014	2015	2015 Budget	2016 Budget	2017 Budget	2018 Budget
Expenditures	\$3,353,061	\$3,733,104	\$4,522,149	\$4,651,199	\$4,309,338	\$4,547,551	\$3,999,440	\$4,093,351	\$4,171,442	\$4,049,112	\$4,110,785	\$4,231,087
Revenue	\$2,636,928	\$3,031,619	\$3,875,477	\$3,946,051	\$3,703,076	\$3,848,351	\$3,419,082	\$3,522,878	\$3,494,659	\$3,239,417	\$3,197,983	\$3,214,728
Bloomington Tax Support	\$716,133	\$701,485	\$646,672	\$705,148	\$606,262	\$699,200	\$580,358	\$570,473	\$676,783	\$809,695	\$912,802	\$1,016,359
% of expensus supported by tax	21.36%	18.79%	14.30%	15.16%	14.07%	15.38%	14.51%	13.94%	16.22%	20.00%	22.21%	24.02%
Year over Year increase in Expenditures	1.62%	1.39%	1.16%	6.30%	-2.67%	3.86%	-3.57%	0.50%	3.47%	2.44%	4.28%	3.76%
Year over Year increase in Revenues	-3.53%	2.70%	4.42%	5.42%	1.09%	0.62%	0.77%	1.08%	-0.03%	-2.90%	0.73%	0.79%
City Support Services	\$300,120	\$301,795	\$307,647	\$305,098	\$331,704	\$350,967	\$343,439	\$355,521	\$361,662	\$392,729	\$416,955	\$437,066
% Change	7.30%	0.56%	1.94%	-0.83%	8.72%	5.81%	-2.14%	3.52%	5.31%	8.59%	6.17%	4.82%

Public Health Division Goals and Outcomes from 2016 Business Plan

1. Evaluate our division's performance against the Public Health Accreditation Board's (PHAB) nationally recognized evidence-based standards
 - a. Public Health Accreditation Board site visitors report summary noted:
 - i. "Bloomington Public Health (BPH) appears to have a passionate, well trained staff with extensive depth of experience. Employees were engaged with the site visit and accreditation process and demonstrated enthusiasm for improvements in the department as a result. Bloomington Public Health has a unique jurisdiction and public health service arrangements among the three cities it serves. Moreover, its longstanding partnerships and collegial relationships appear to serve the community well. The department has had several major transitions in leadership and turnover in key staffing in the past few years. However, the department has maintained its commitment to the PHAB process and to continuous quality improvement. Bloomington Public Health holds a respected and expert position in the community, and are sought out for advice, insights, and direct connections to community members. It is evident from the community partners that BPH listens and responds to community needs."
2. Deepen the culture of quality improvement and performance management. Work on internalizing equity within our division to better serve our clients
 - a. Public Health Accreditation Board site visitors report noted identified this as one of our core strengths with the following statement:
 - i. "Bloomington Public Health demonstrated an extensive commitment to quality improvement and performance management efforts across the department. They have implemented new improvements to their previous PM/QI efforts which better met their needs. Management staff have a commitment to developing internal staff leadership skills. Bloomington Public Health has truly adopted the spirit of a culture of quality in the agency."
3. Cultivate new funding streams
 - a. In calendar year 2015 the division applied for thirteen grants and received funding from four of the grants.
 - b. In calendar year 2016, four grants have been applied for and one was funded. We are still waiting on funding decision on two grants. Many of the grants applied for in 2015 are not available in 2016 at this point or have been discontinued by the funder. Two of the four grants applied for in 2016 are new funded sources and we have developed a tool to track grant funding announcements. The grant field has become even more competitive due to decreased number of grants for core public health programs and decreased funding for public health at the state/federal level.
4. Implement Statewide Health Improvement Program Initiative strategies

- a. Our SHIP work plan covers many topic areas and is focused on sustainable solutions that impact policies, systems or environments. The work plan implementation is on track. Topic areas of focus include: healthy community foods, community active living, healthy eating in schools, active living in schools, wellness policies in schools, healthy eating and active living in childcare, healthcare, smoke-free multiunit housing, and worksite wellness.
5. Promote healthy pregnancy outcomes
 - a. We had two goals to promote healthy pregnancy outcomes in our performance management system that have been achieved.

	Goal	Strategy	Performance Measure	Target Annual	Data source(s) Where will the data come from?	Q3 2015	Q4 2015	Q1 2016	Q2 2016
Family Health	Increase the percentage of healthy pregnancies in BER	Provide healthy pregnancy information to pregnant women in BER who are referred to Family Health	95% of pregnant clients will receive client specific healthy pregnancy information from their public health nurse at home visit(s).	95%	PH Doc Report	48%	52%	100%	100%
			75% of pregnant clients receiving home visits will report they've completed prenatal appointments per their health care provider's recommendation	75%	PH Doc Report	70%	65.50%	87.5%	88%

- b.
6. Prevent the spread of infectious diseases through immunization, investigations, consultations and training.
 - a. We continue to exceed state and county immunization levels.

2014-2015 School year data		DTaP	Polio	MMR	Hep B	Varicella	Tdap	Meningococcal
County	7th grade enrollment	% Vaccinated	% Vaccinated	% Vaccinated	% Vaccinated	% Vaccinated	% Vaccinated	% Vaccinated
Statewide	66,767	96.91%	97.71%	97.37%	97.53%	92.30%	93.83%	92.01%
Hennepin	13,692	95.74%	97.06%	96.94%	96.62%	93.08%	92.89%	90.53%
Bloomington	843	98.10%	98.46%	98.34%	98.22%	96.80%	96.68%	95.26%

7. Provide client education on methods to decrease exposure to lead, as well as medical follow-up requirements, to 100% of parents of children referred for an elevated blood lead level
 - a. In 2015, we received 34 lead referrals of which 4 received a home visit with Environmental Health due to the level of lead detected. The other 30 received education via a phone call and a letter.
 - b. Between January 1, 2016 and June, 30, 2016 we received 21 lead referrals of which 2 received a home visit with Environmental Health staff from the Minnesota Department of Health due to the level of lead detected. The other 19 received education via a phone call and a letter.
8. Provide home assessment to 90% of residents who have been referred for asthma follow-up
 - a. Between January 1, 2015 and June, 30, 2016 we received five referrals for asthma follow up. All five referrals resulted in a home visit to assess the situation. Three of the five referrals ended up not being asthma related. One involved coordinated work between environment health, building inspections, a public health nurse and a public health interpreter to address a mold problem in a rental property.
 - b. In 2016, we are developing a stronger collaborative relationship with the American Lung Association focused on increasing community awareness and

home assessments.

9. Improve PH's ability to respond to a public health emergency.
 - a. On April 26, 2016 three members of the Minnesota Department of Health met with staff from Public Health, the City of Edina and the City of Richfield to evaluate our public health emergency plans. They identified strengths and weaknesses for us to work on over the next five years to improve our ability to respond to public health emergencies.
10. Ensure accessible, quality care.
 - a. We successfully reopened our Sage Screening Clinic in June at the Bloomington Public Health building. The Sage Program offers free breast and cervical exams, pap testing and mammograms for eligible women who are uninsured or underinsured. We have been helping to ensure this type of care since 1991.

Business Plan Update

Bonnie Paulsen, Public Health Administrator

September 27, 2016



Public Health
Prevent. Promote. Protect.
Bloomington Public Health Division



CITY OF
BLOOMINGTON
MINNESOTA

Revised Strategic Plan for City

- Our work has statutory requirements
- Needs to support City priorities six strategic priorities

City Council Strategic Priorities	Public Health Division Focus
Community Image	Highlighting positive stories and partnerships that improve the health of Bloomington
Focused Renewal	Equitable investments to improve community health
Inclusion and Equity	Ensuring all of Bloomington is represented in our work
Environmental Sustainability	Responsible stewardship of resources
High Quality Service Delivery	Providing exceptional service to our residents
Community Amenities – Maintain and Expand	Supporting the use of community amenities to improve community health

Six Areas of Public Health Responsibility

1. Assure an adequate public health infrastructure.
 - a. Admin and Planning (160204), DP&C (160206), Community Health & Safety (160201), Family Health (160202), WIC (160207), Health Promotion (160205), SHIP (260265)
2. Promote healthy communities and healthy behaviors
 - a. Health Promotion (160205), SHIP (260265), Admin and Planning (160204), Community Health & Safety (160201), Family Health (160202), WIC (160207), Senior Health (160203)
3. Prevent the spread of communicable disease
 - a. Disease Prevention and Control [DP&C] (160206) and Emergency Preparedness [EP] (260261)
4. Protect against environmental health hazards
 - a. Primarily the responsibility of the Environmental Health Division.
 - b. Senior Health (160203) does support work on nuisance properties
5. Prepare for and respond to emergencies
 - a. Emergency Preparedness (260261) and Admin and Planning (160204)
6. Assuring health services.
 - a. Sage (260250), WIC (160207), TANF (260254), MIECHV2 (260256), Family Health (160202), Community Health & Safety (160201), Senior Health (160203)



Community Image

- **Goal:** Become a nationally accredited public health agency in 2016.
 - **Outcome:** Recognition that services provided in the City meet or exceed national standards.
 - **Impact:** Improved understanding of the role public health has in ensuring a health community and that we are nationally recognized for that work.
- **Goal:** Share stories of success with the community in support of One Bloomington.
 - **Outcome:** At least three additional stories shared broadly in 2017, coordination with communications, to tell success stories involving community partners.
 - **Impact:** Increased recognition of community partners role in the One Bloomington image.
 -
- **Goal:** In 2017 improve the utilization of the breastfeeding/diaper changing tent at community events in support of a family friendly one Bloomington.
 - **Outcome:** Increase usage tent for feeding children and changing diapers over 2016 numbers.
 - **Impact:** Increased recognition of Bloomington sponsored community events supporting young families.

Focused Renewal

- **Goal: Maintain active participation in the Development Review Committee.**
 - **Outcome: Ensure that health impacts of development are taken into consideration.**
 - **Impact: Recognition of how development contributes to the health of a community and its residents.**

•

- **Goal: Maintain active participation in 2040 planning efforts in coordination with Community Development.**
 - **Outcome: Ensure that health impacts and equity continue to be a focus in comprehensive planning.**
 - **Impact: Continued recognition of City planning efforts being a leader in the metro.**

• The Minnesota Department of Health (MDH) noted that Bloomington met 9 out of the 11 health indicators they evaluated in the 2030 comprehensive plan. MDH evaluated 53 comprehensive plans in the metro and Bloomington was one of the 6 communities that had 9 or more measures met.

<http://www.health.state.mn.us/topics/places/docs/reportone.pdf>

Inclusion and Equity

- **Goal:** Develop our Divisions first health equity report, which will examine the health disparities that exist in Bloomington by race and socioeconomic status in 2017.
 - **Outcome:** A report developed in partnership with community that identifies health disparities.
 - **Impact:** Community ownership of their health information, which will help facilitate changes for improved health status.
- **Goal:** By the end of 2017, have all PH division staff complete the Intercultural Development Inventory, through a pilot project with the Minnesota Department of Health.
 - **Outcome:** Understanding of the division's cultural competencies.
 - **Impact:** Will allow for tailored training of staff to improve our divisions cultural competencies.
- **Goal:** Improve our ability to reach all residents that require our services
 - **Outcome:** Review our service delivery in light of health equity report.
 - **Impact:** Improved service delivery to at-risk populations.

Environmental Sustainability

- **Goal:** Maintain WIC vouchers support for farmer's market purchases.
 - **Outcome:** Ensure that low-income residents have access to environmentally sustainable fresh foods.
 - **Impact:** Increased utilization of fresh food by low-income residents.
-
- **Goal:** Support policies encouraging alternative transportation within the city, such as biking, walking and public transit.
 - **Outcome:** Improved residential usage of alternative transportation.
 - **Impact:** Improved health status and reduced fossil fuel consumption.

High Quality Service Delivery

- **Goal:** In 2016 revamp the division's customer satisfaction evaluation process and evaluate it during 2017.
 - **Outcome:** Streamlined customer satisfaction tool and increased customer feedback utilization in our performance management system.
 - **Impact:** Will allow for customer data to impact our practices, thus improving our service delivery.
-
- **Goal:** Improve service outcomes as tracked by performance management system.
 - **Outcome:** The division will provide its first performance management report to the Advisory Board of Health in October.
 - **Impact:** Reporting on our performance measures will help improve our service outcomes and our accountability to the community.

Community Amenities:

Maintain and Expand

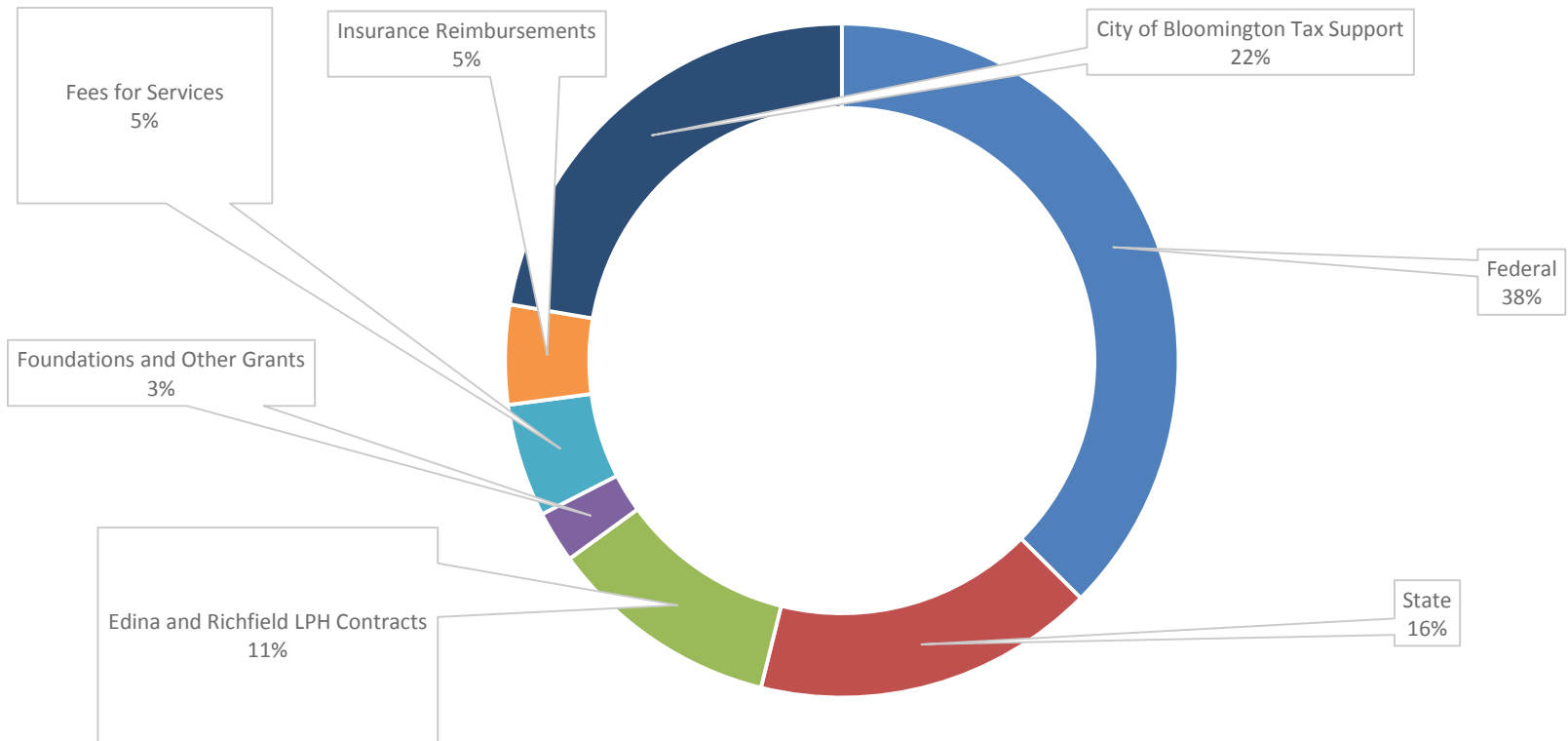
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 -

2016 Goals

2016 Goals			
Evaluate our division's performance against the Public Health Accreditation Board's nationally recognized evidence-based standards			
Deepen the culture of quality improvement and performance management. Work on internalizing equity within our division to better serve our clients			
Cultivate new funding streams			
Implement Statewide Health Improvement Program Initiative strategies			
Promote healthy pregnancy outcomes			
Prevent the spread of infectious diseases through immunization, investigations, consultations and training			
Provide client education on methods to decrease exposure to lead, as well as medical follow-up requirements, to 100% of parents of children referred for an elevated blood lead level			
Provide home assessment to 90% of residents who have been referred for asthma follow-up			
Improve PH's ability to respond to a public health emergency			
Ensure accessible, quality care			
Key:	Completed	Partial Met	Did not complete

2017 Budget

2017 Public Health Division Budget By Funding Source



Questions?

Originator
Public Health

Item
Member Roles, Responsibilities, Guidelines and Expectations

Date
9/27/2016

Attachments:

Staff Advisor's 09.16.2016 Email to ABH
2017 ABH Work Plan Presentation

From: Paulsen, Bonnie
Sent: Friday, September 16, 2016 11:19 AM
Subject: Information for the next Board meeting

Hi,
I hope everyone had a great summer!

We have been discussing how the Board can become more involved in the issues of health and setting of the work plan. This topic will be part of our next meeting in September.

I am sending some information for you to think about before the next meeting on the work plan for 2017 and how we can move issues you feel are important to learn about and recommend changes to either our department or for the City.

- In the City Code, the **purpose** of the Advisory Board of Health shall be to research and evaluate issues of health and environment and to report to the City Council those issues which affect the City.
- Also in Code are the **Duties and Responsibilities** which are:
 - Research, study and evaluate issues concerning health and environment
 - Advise the City of its activities and findings related to the issues
 - Recommend action when indicated

I am proposing that for every issue we discuss or learn about that the Board decides on the following actions:

- Study and Report
- Review and Comment
- Review and Recommend

These actions would be attached to the topic each month so you would know what is expected of you. And it can help guide staff and the Board if we want more done on a particular issue. This is a change in what we are currently doing, so consider this a work in progress!

I am proposing that for every meeting we spend some time on program areas we currently have. This is to keep you updated on current programs and issues related to those programs. I am also proposing that we add a topic area that you might be interested in and have speaker/expert come and discuss those issues on set meeting dates. Either you or we could look for those speakers depending on what we are looking to be informed about.

So below are the program areas we have followed by a list of the topics you had brought up in a previous meeting you might be interested in learning more about. Think about these before the next meeting. This is for discussion and the planning for the 2017 work plan for ABH. If you prefer to do a deeper dive on some issue or topic, we might need to take more than one meeting to discuss that topic or have more than one speaker come to our meetings so we can learn more. Also, if you decide you want to do more of a project around a topic, that might also take more of your time in and out of our meetings. We can also tie a topic to a program area-for instance Disease Prevention and Control and more information on ZIKA. Just something to think about.

Program areas:

- Environmental Health
- PHEP
- WIC
- Disease Prevention and Control

- Maternal Child Health
- Health Promotion (SHIP)
- Equity
- Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

Topic areas:

- Equity
- Tobacco: Flavored, menthol and T21
- Intergovernmental Affairs
- Housing Issues
- Aging of the Population
- Mental Health
- Environmental Health
- Active Transportation Plan (Parks can review ATP with ABH)
- City Manager: Vision for City

Let me know if you have any questions. Looking forward to seeing you in a couple of weeks!

Bonnie Paulsen R.N., M.S.N.

Public Health Administrator

City of Bloomington

Public Health Division

952-563-8905

E-mail: bpaulsen@BloomingtonMN.gov

**Please note domain change to City's email addresses/website effective 01/01/2014.*



Advisory Board of Health

2017 Work Plan

September 27, 2016



Public Health
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Bloomington Public Health Division



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City Code

- Purpose:
 - The purpose of the Board shall be to research and evaluate issues of health and environment and to report to the City Council those issues which affect the City.
- Duties and Responsibilities:
 - Research, study and evaluate issues concerning health and environment
 - Advise the City of its activities and findings related to the issues
 - Recommend action when indicated

Actions around issues

- **No vote is taken by the Board and no official recommendations is provided to the Council for the following.**
 - Study and Report: Study a specific issue or event and report to City Council
 - Review and Comment: Review of a specific policy issue and to seek comments from the Board which will be passed onto the Council.
- **A formal recommendation and vote is needed for the following.**
 - Review and recommend: A formal recommendation to the Council will need a majority vote of the Board before it is submitted. This could include member comments with a staff report.

Annual topics

- January: Review and decide restaurant, lodging winners for Diamond Service Awards.
- Health & Wellness Award:
 - Usually done every other year. Should be done in spring of 2017. This award was last done in 2015. Veap was the awardee. Would need a sub-committee to help staff do this activity.
- Program areas:
 - Environmental Health
 - PHEP
 - WIC
 - Disease Prevention and Control
 - Maternal Child Health
 - Health Promotion
 - Equity
 - Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP)

List of topics for 2017

- Equity
- Tobacco: Flavored, menthol and T21
- Intergovernmental Affairs
- Housing Issues
- Aging of the Population
- Mental Health
- Environmental Health
- Active Transportation Plan (Parks can review ATP with ABH)
- City Manager: Vision for City

Participation in City committees

- Tri-City Partners
- Community Center task force
- Diamond Service Awards Dinner

Training for Board members

- Continue to send two members to the Community Health Conference.
- New Board and Commission orientation at the City level
- New Board member orientation given by Public Health

Work Plan

- January:

- Food Safety Award selection
- Program Area: Environmental Health
- Approve 2016 Annual Report and 2017 work plan
- Review Survey

February:

- Tobacco: Flavored, Menthol, T21
- Program Area:
- Diamond Service Awards
- Presentation of Annual Report and work plan to City Council

March:

- Joint Public Health Alliance of Bloomington, Edina and Richfield (PHABER): Topic-?

April:

- Topic:
- Program Area
- Health Promotion Award
- Public Health Week Proclamation April 3-9, 2017

Work Plan

- May:
 - Topic Area:
 - Program Area:
 - Review draft Annual Report
- June:
 - Topic Area:
 - Program Area:
 - Review 2018 Business Plan
 - Review 2016 BPH actuals and 2017 Budget
- July/August: No meeting

Work Plan

- September:
 - Topic Area:
 - Program Area: Emergency Preparedness (Proclamation)
 - Community Health Conference, Sept. 27-29, 2017, Breezy Point
- October:
 - Topic Area:
 - Program Area:
- November:
 - Topic Area:
 - Program Area:
- December:
 - Topic Area:
 - Program Area:
 - Holiday Meal:
 - Annual Survey: